Edit Information

| Edit Number | 303 | esc Number | 1200 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|
| | | | | | |

| Short Desc | One Service Unit Per Month - Deny |
|------------|--|
| Long Desc | Frequency Limitation Exceeded |
| | If a payment request for any of the following procedure codes results in more than one service unit per rolling month, set the edit. |
| | See Value Sets "0303/1200 001" thru "0303/1200 nnn" for procedure codes. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|
|---------------------|-----|----------------|---------------|

| Media/Disposition/P | end Location Codes | | |
|---------------------|--------------------|------|--|
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | • | | |
|--|----|------|------|---|
| | пъ | Info | 1200 | n |
| | | | | |

| Edit Number | 303 | esc Number | 1201 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Four Service Units Per Month - Deny - Same Provider or Site |
|------------|--|
| | · |
| Long Desc | Frequency Limitation Exceeded |
| | If a payment request for any of the following procedure codes results in more than four service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0303/1201 001" thru "0303/1201 nnn" for procedure codes. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

None

Resolution

| Edit Information | | | | | | | | | | | |
|--|-------------|--|-------|--------|------------|------------|-------------|------|----------------|---|----|
| Edit Number | 303 | | | esc N | Number | 1202 | 1 | NCPE | OP Code | | |
| | | | | | | | | | | | |
| Short Desc | One S | ervice | e Un | it Pe | r Two Mon | ths - Deny | | | | | |
| Long Desc | Freque | ency l | Limit | atior | Exceeded | | | | | | |
| Edit Criteria | one se | a payment request for any of the following procedure codes results in more than ne service unit per two rolling months, set the edit. ee Value Sets "0303/1202 001" thru "0303/1202 nnn" for procedure codes. | | | | | | | | | |
| General Indicators | | | | | | | | | | | |
| Reject Ind | | | Der | ny Ind | d | | Υ | Ove | erride Ind | | Υ |
| PrtRA Ind | | Υ | РА | Ove | rride Ind | | | Со | mpound Ind | | |
| Туре | | L | Pric | ority | | | | Re | Recycle Days 0 | | 0 |
| HIPAA esc | CutBack Ind | | | R | | | | | | | |
| Program Indicators | | | | | | | | | | | |
| Medicaid | | | | | Υ | | | SLH | | T | DO |
| FAMIS | | | | | Υ | | Assessments | | | | |
| Claim Type | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | 1 | | | Inpatient | | |
| Nursing | | | | | Home Hea | alth | | | Outpatient | | |
| Physician | | | | Υ | Personal (| Care | | | Laboratory | | |
| Transportation | | | | | Xover A | | | | Xover B | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inform | ation | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | |
| Media/Disp | ositio | n/Pe | end | Lo | cation C | odes | | | | | |
| Media | | | | | LOC | | Di | sp | | | |
| | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

| E-1:4 lf | -4! | _ | _ | | | | _ | _ | | | | |
|--|----------|--|--------|----------|---------------|-----------------|------|------|----------------|-------------|-------|----|
| Edit Inform | | | | | | | | | | | | |
| Edit Number | 303 | | | esc | Number | 1203 | N | ICPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | One Se | One Service Unit Per Three Months - Deny | | | | | | | | | | |
| Long Desc | Freque | ncy L | imita | atio | n Exceeded | d | | | | | | |
| Edit Criteria | | | | | | he following p | | | codes res | ults in moi | e tha | เท |
| | one ser | vice | unit p | er | inree rolling | months, set t | ne e | ait. | | | | |
| | | | | | | 1" thru "0303/1 | | | | | | |
| | value se | et EX | CEF | PTI | NDIC 0303 | 3/1203 for EXC | CEP | TION | INDICAT | OR exclu | sions | |
| General Indicators | | | | | | | | | | | | |
| Reject Ind | | | Der | ıy Ir | nd | | Υ | Ove | erride Ind | | Υ | 1 |
| PrtRA Ind | | Υ | PA | Ove | erride Ind | | | | npound Ir | | | |
| Туре | | L | Prio | <u> </u> | | | | Red | Recycle Days 0 | | |) |
| HIPAA esc | | | Cut | Bac | k Ind | | R | | | | | |
| Program Indicators | | | | | | | | | | | | |
| Medicaid | | Υ | | S | LH | | | | TDO | ı | | |
| FAMIS | | Υ | | Α | ssessment | S | | | | | | |
| Claim Type | | | | | | | | | | | | |
| Dental | | | - | Y | Pharmacy | , | | | Inpatient | | | |
| Nursing | | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | | Υ | Personal (| Care | | | Laborato | ry | | |
| Transportation | | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | ositio | n/Pe | end | Lo | ocation C | Codes | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | |
| | | | | | l | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

| | • | | | |
|-----|------|-------|-----|----|
| п 🔳 | Info | 12100 | 211 | on |
| | | | | |

| Edit Number | 303 | esc Number | 1204 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Nine Months - Deny - Same Provider or Site |
|------------|--|
| Long Desc | Frequency Limitation Exceeded |
| | If a payment request for any of the following procedure codes results in more than one service unit per nine rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. |
| | See Value Sets "0303/1204 001" thru "0303/1204 nnn" for procedure codes. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

None

Resolution

| Edit Informa | ation | | | | | | | | | | | | | |
|----------------|---|--------|--------|-------|------------|------|-----|-------|---------|--------------|----|---|---|---|
| Edit Number | 303 | | | esc | Number | 1205 | N | ICP | DP C | ode | | | | |
| | | | • | | | • | | | | | | | | |
| Short Desc | Short Desc One Service Unit Per Ten Months - Deny | | | | | | | | | | | | | |
| Long Desc | Freque | ency L | _imita | atio | n Exceeded | | | | | | | | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per ten rolling months, set the edit. See Value Sets "0303/1205 001" thru "0303/1205 nnn" for procedure codes. | | | | | | | | | | | | | |
| General Ind | licato | rs | | | | | | | | | | | | |
| Reject Ind | | | Der | าy Ir | nd | | Υ | O۱ | /erride | e Ind | | | 1 | Y |
| PrtRA Ind | | Υ | PA | Ove | erride Ind | | | Compo | | compound Ind | | | | |
| Туре | L Priorit | | | | | | | | | ecycle Days | | (|) | |
| HIPAA esc | | | Cut | Bac | ck Ind | | R | | | | | | | |
| Program In | dicato | ors | | | | | | | | | | | | |
| Medicaid | | Υ | | S | SLH | | | | | TDO | | | | |
| FAMIS | | Υ | | P | Assessment | S | | | | | | | | |
| Claim Type | | | | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpa | atient | | | | |
| Nursing | | | | | Home Hea | alth | | | Out | patie | nt | | | |
| Physician | | | | Υ | Personal C | Care | | | | orato | ry | | | |
| Transportation | | | | | Xover A | | | | - 10 1 | er B | | | | |
| Cap Pay | | | | | Man Fee | | | | Adr | nin | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inform | ation | | | | | | | | | | | | | |
| Effective Date | Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | | |
| Media/Disp | ositio | n/P | end | Lo | ocation C | odes | | | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

| Edit Inform | otion | - | - | | _ | _ | - | - | _ | _ | | |
|----------------|--|----------|--------|-------|---------------|-----------------------------------|---------------|--------|----------------|---------|--|---|
| Edit Inform | | | | | | 1 | | | | T | | |
| Edit Number | 303 | | | es | c Number | 1206 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | Short Desc One Service Unit Per Eleven Months - Deny | | | | | | | | | | | |
| Long Desc | Frequer | ncy L | .imita | atio | n Exceeded | | | | | | | |
| Edit Criteria | | | - | | • | e following pro even rolling m | | | | ults in | | |
| | | ari oi | 10 30 |) V I | oc arm per ci | Cverromingin | 1011111 | 3, 30 | t tric cart. | | | |
| | See Val codes. | ue S | ets" | 030 | 03/1206 001 | " thru "0303/12 | 206 r | nnn" f | or proced | dure | | |
| General In | dicato | rs | | | | | | | | | | |
| Reject Ind | | Deny Ind | | | Υ | Ove | verride Ind Y | | | 1 | | |
| PrtRA Ind | | Υ | PA | O۱ | verride Ind | | | Cor | npound I | nd | | |
| Туре | | L | Pri | orit | :y | | | Red | Recycle Days 0 | | |) |
| HIPAA esc | | | Cu | tBa | ack Ind | | R | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Υ | | | SLH | | | | TDC |) | | |
| FAMIS | | Υ | | | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | ılth | | | Outpatie | nt | | |
| Physician | | | | Υ | Personal C | Care | | | Laborato | ory | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/P | end | L | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

Edit Information

| Edit Number | 303 | esc Number | 1207 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Eleven Months - Deny - Same Provider or Site | | |
|---------------|---|--|--|
| Long Desc | Frequency Limitation Exceeded | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units per eleven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0303/1207 001" thru "0303/1207 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | DOS Effective Date | Revision Date | - 11 |
|---------------------------------------|--------------------|---------------|------|
| Effective Date Code | DOS Ellective Date | Revision Date | |
| Media/Disposition/Pe | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| DOO | | DENY | |
| POS Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 217 | PEND | |
| IA | | I LIVD | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 303 | esc Number | 1208 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|
| | | | | | |

| Chart Doos | Five Convice Unite Der Fleven Months Deny Come Provider or Site | | |
|---------------|--|--|--|
| Short Desc | Five Service Units Per Eleven Months - Deny - Same Provider or Site | | |
| Long Desc | Frequency Limitation Exceeded | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than five service units per eleven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0303/1208 001" thru "0303/1208 nnn" for procedure codes. This edit was end dated as of 07312010 for HCFA program codes 1 and 7 | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |

| Cap Pay | Mar | n Fee | | | Admin | | |
|------------------------|-------|------------------|------------|----|-------------|----|--|
| Asmt Fee | | | | | | | |
| Date Information | | | | | | | |
| Effective Date Code | DC | S Effective Date | | | Revision Da | te | |
| Media/Disposition/Pend | Locat | tion Codes | | | | | |
| Media | | LOC | Disp |) | | | |
| Paper | | | DEN DEN | | | | |
| EMC | | | DEN | ΙΥ | | | |
| Adjustment | | | DEN DEN | ΙΥ | | | |
| POS | | | DEN | | | | |
| Encounter | | | 0 | | | | |
| Special Batch | | 217 | PEN | D | | | |
| PA | | | PEN | D | | | |
| Programs | | | | | | | |
| (None) | | | | | | | |
| Exceptions | | | | | | | |
| None | | | | | | | |
| Resolution | | | | | | | |
| (None) | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Edit Inform | ation | | | | | | | | | | | |
|----------------|----------|---|------|------------|----------------|-------------|-----|----------------|-----------|--------|---|---|
| Edit Number | 303 | | | es | sc Number 1209 | | N | NCPDP Code | | | | |
| | | | | | | | | | | | | |
| Short Desc | Six Serv | vice | Unit | s P | er Eleven Mo | nths - Deny | | | | | | |
| Long Desc | <u> </u> | | | | n Exceeded | | | | | | | |
| Edit Criteria | more th | a payment request for any of the following procedure codes results in ore than six service units per eleven rolling months, set the edit. | | | | | | | | | | |
| | codes. | ee Value Sets "0303/1209 001" thru "0303/1209 nnn" for procedure des. | | | | | | | | | | |
| General Inc | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | eny | Ind | | Υ | Ove | rride Ind | | \ | Y |
| PrtRA Ind | | Υ | PA | VO | verride Ind | | | Cor | npound Ir | nd | | |
| Туре | | L | Pr | iori | ority | | | Recycle Days (| | |) | |
| HIPAA esc | | | Cι | utBack Ind | | | R | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Y | , | | SLH | | | | TDO | ı | | |
| FAMIS | | Y | ′ | | Assessments | | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | lth | | | Outpatie | nt | | |
| Physician | | | | Υ | Personal C | are | | | Laborato | ry | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/P | enc | d L | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

| Edit Inform | ation | | | | | | | | | | | |
|----------------|--|--|----------|---------|-------------|-------------|-----|----------------|-----------|--------|---|---|
| Edit Number | 303 | | | es | sc Number | 1210 | N | NCPDP Code | | | | |
| | | | | | | | | | | | | |
| Short Desc | Short Desc One Service Unit Per Twelve Months - Deny | | | | | | | | | | | |
| Long Desc | Frequer | псу | Limi | tatio | on Exceeded | | | | | | | |
| Edit Criteria | more th | payment request for any of the following procedure codes results in ore than one service unit per twelve rolling months, set the edit. | | | | | | | | | | |
| | See Val codes. | ee Value Sets "0303/1210 001" thru "0303/1210 nnn" for procedure des. | | | | | | | | | | |
| General Inc | dicato | rs | | | | | | | | | | |
| Reject Ind | | | D | eny | Ind | | Υ | Ove | rride Ind | | ` | Y |
| PrtRA Ind | | Υ | Р | ΑO | verride Ind | | | Cor | npound Ir | nd | | |
| Туре | | L | P | riori | ity | | | Recycle Days 0 | | |) | |
| HIPAA esc | | | C | utB | ıtBack Ind | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Y | <u> </u> | | SLH | | | | TDO | | | |
| FAMIS | | Υ | ′ | | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Y | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | | | Personal C | Care | | | Laborato | ry | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | \perp | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/F | Pen | d L | _ocation C | Codes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |

None

Resolution

| | | - | | | |
|-----|-------|------|------|-----|-----------|
| 15 | | Info | 1200 | 211 | On |
| 1 = | 4 W I | IIII | | | r a v m i |

| Edit Number | 303 | esc Number | 1211 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Twelve Months - Deny - Same Provider or Site | | |
|------------|--|--|--|
| Long Desc | Frequency Limitation Exceeded | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0303/1211 001" thru "0303/1211 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media | end Location Codes | Disp | |
|---------------|--------------------|------|--|
| Paper | | DENY | |
| apo. | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| ncounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| | | | |
| exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| None) | | | |
| inone) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| - 114 I | | 4.5 |
|---------|--------|--------|
| L-dit | Intorn | nation |
| | | |

| Edit Number | 303 | esc Number | 1212 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Thirty-Six Months - Deny - Same Provider or Site | | |
|---------------|--|--|--|
| Long Desc | Frequency Limitation Exceeded | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0303/1212 001" thru "0303/1212 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media | end Location Codes | Disp | |
|---------------|--------------------|------|--|
| Paper | | DENY | |
| apo. | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| ncounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| | | | |
| exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| None) | | | |
| inone) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| - 114 | | 4.5 |
|-------|--------|--------|
| L-Ait | Intori | mation |
| | | |

| Edit Number | 303 | esc Number | 1213 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | 1 | |
|---------------|---|---|--|
| Short Desc | One Service Unit Per Forty-Eight Months - Deny - Same Provider or Site | | |
| Long Desc | Frequency Limitation Exceeded | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per forty-eight rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0303/1213 001" thru "0303/1213 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media | end Location Codes | Disp | |
|---------------|--------------------|------|--|
| Paper | | DENY | |
| apo. | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| ncounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| | | | |
| exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| None) | | | |
| inone) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 303 | esc Number | 1214 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Eleven Months - Deny - Same Provider or Site | | |
|---------------|---|--|--|
| Long Desc | Frequency Limitation Exceeded | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units per eleven rolling months and enrollee age is 0 - 2 years, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0303/1214 001" thru "0303/1214 nnn" for procedure codes. | | |
| | This edit was end dated as of 07312010 for HCFA program codes 1 and 7 | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information | |
|--|--|
| Effective Date Code DOS Effective Date Revision Date | |
| Media/Disposition/Pend Location Codes | |
| Media LOC Disp | |
| Paper DENY | |
| DENY | |
| EMC | |
| | |
| Adjustment DENY | |
| DENY | |
| POS Encounter | |
| Special Batch 217 PEND | |
| PA PEND | |
| | |
| Programs | |
| (None) | |
| Exceptions | |
| None | |
| | |
| Resolution | |
| (None) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Edit Inform | otion | _ | _ | | | | _ | _ | | | |
|--|------------------|--|--------|----------------|-------------|-----|--------------|-----------|--------|---|--|
| Edit Inform | lation | | _ | | | Ţ | | | | | |
| Edit Number | 203 | | е | sc Number | 1215 | N | CPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc One Service Unit Per Six Months | | | | | | | | | | | |
| Long Desc | One Ser | vice l | Jnit F | Per Six Months | 3 | | | | | | |
| Edit Criteria | more that | payment request for any of the following procedure codes results in than one service unit per 6 rolling months, set the edit. This edit only ies to recipients with exception indicator R, Y, or 9. Value Sets "0203/1215 001" thru "0203/1215 nnn" for procedure es. | | | | | | | | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Ove | rride Ind | | Y | |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Com | pound In | d | | |
| Туре | | L | Prio | Priority | | | Recycle Days | | | 0 | |
| HIPAA esc | | | Cutl | CutBack Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | Home Hea | alth | | Outpatient | | | | |
| Physician | | | Y | Personal C | Care | | | Laborato | ry | | |
| Transportation | 1 | | | Xover A | | | Xover B | | | | |
| Cap Pay | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | Date Information | | | | | | | | | | |
| Effective Date | Code | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositior | 1/Pe | nd | Location C | Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | · | | | | | · | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

| - 114 C | | 4.0 |
|---------|--------|--------|
| L Clit | Intorm | nation |
| LUIL | Inform | Iauvii |

| Edit Number | 203 | esc Number | 1216 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Month Same Provider or Site | | |
|---------------|--|--|--|
| Long Desc | One Service Unit Per Month Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1216 001" thru "0203/1216 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS Effective Date Revision Date |
|--|
|--|

| Media/Disposition/Pend Location Codes | | | | | |
|---------------------------------------|-----|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 200 | PEND | | | |
| | | DENY | | | |
| EMC | 200 | PEND | | | |
| | | DENY | | | |
| Adjustment | 200 | PEND | | | |
| | | DENY | | | |
| POS | | PAY | | | |
| Encounter | | 0 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

| Edit Information | | | | | | | | | | | |
|--|---|---------------|---------|-----------------|---------------|-------|----------------|------------|--------|---|--|
| Edit Number | 203 | | e | sc Number | 1217 | N | ICPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc Two Service Units Per Month | | | | | | | | | | | |
| Long Desc | Two Service Units Per Month | | | | | | | | | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units per rolling month, set the edit. | | | | | | | | | | |
| | | | | | | | | | | | |
| | See Value Sets "0203/1217 001" thru "0203/1217 nnn" for procedure codes. | | | | | | | | | | |
| General Inc | dicator | s | | | | | | | | | |
| Reject Ind | | | Den | eny Ind | | | Override Ind Y | | | Υ | |
| PrtRA Ind | | | PA (| PA Override Ind | | | Compound Ind | | | | |
| Туре | L Pr | | | riority | | | Recycle Days 0 | | | 0 | |
| HIPAA esc | HIPAA esc CutBack Ind | | | | | | | | | | |
| Program Indicators | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Y Assessments | | | | | | | | | |
| Claim Type | | | | | | | | | | | |
| Dental | | | Υ | ' Pharmacy | | | | Inpatient | | | |
| Nursing | Nursing | | | Home Hea | Home Health | | | Outpatient | | | |
| Physician | | | Y | Personal (| Personal Care | | | Laboratory | | | |
| Transportation | | | | Xover A | Xover A | | | Xover B | | | |
| Cap Pay | | | Man Fee | Man Fee | | Admin | | | | | |
| Asmt Fee | Asmt Fee | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date | Code | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | |

| Paper | 200 | PEND | |
|---------------|-----|------|--|
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to over-ride or deny.

Edit Information

| Edit Number | 203 | esc Number | 1218 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc Two Service Units Per Two Months Same Provider or Site Long Desc Two Service Units Per Two Months Same Provider or Site Edit Criteria If a payment request for any of the following procedure codes results in more than two service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1218 001" thru "0203/1218 nnn" for procedure codes. | | | | | | | | |
|---|------------|--|--|--|--|--|--|--|
| Edit Criteria If a payment request for any of the following procedure codes results in more than two service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1218 001" thru "0203/1218 nnn" for procedure | Short Desc | Short Desc Two Service Units Per Two Months Same Provider or Site | | | | | | |
| more than two service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1218 001" thru "0203/1218 nnn" for procedure | Long Desc | Two Service Units Per Two Months Same Provider or Site | | | | | | |
| | | more than two service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1218 001" thru "0203/1218 nnn" for procedure | | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|
| | | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | PEND |
| · | 200 | DENY |
| EMC | 200 | PEND |
| | 200 | DENY |
| Adjustment | 200 | PEND |
| | 200 | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | | |
|----------------|----------|--------|--------|-------|-------------|-----------------------------------|------|--------|-----------|---------|---|---|---|
| Edit Number | 203 | | E | esc | Number | 1219 | N | CPD | P Code | | | | |
| | | | | | | | | | | | | | |
| Short Desc | Three Se | ervice | e Un | its l | Per Month | | | | | | | | |
| Long Desc | Three Se | ervice | e Un | its l | Per Month | | | | | | | | |
| Edit Criteria | | | | | • | e following pro rolling month, | | | | ults in | | | |
| | See Valu | ue Se | ets "C |)20 | 3/1219 001" | ' thru "0203/12 | 19 r | nnn" f | or proced | dure | | | |
| General Inc | dicator | S | | | | | | | | | | | |
| Reject Ind | | | De | ny l | Ind | | Υ | Ove | rride Ind | | | Y | / |
| PrtRA Ind | | Υ | PA | Ov | erride Ind | | | Con | npound Ir | nd | | | |
| Туре | | L | Pri | ority | у | | | Rec | ycle Days | S | | 0 |) |
| HIPAA esc | | | Cu | tBa | ick Ind | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | |
| Medicaid | | Υ | | S | SLH | | | | TDC |) | | | |
| FAMIS | | Υ | | P | Assessments | 3 | | | | | | | |
| Claim Type |) | | | | | | | | | | | | |
| Dental | | | , | Υ | Pharmacy | | | | Inpatient | t | | | |
| Nursing | | | | | Home Hea | lth | | | Outpatie | nt | | | |
| Physician | | | | Υ | Personal C | are | | | Laborato | ory | | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Dat | e | | |
| Media/Disp | osition | 1/Pe | end | Lo | ocation C | odes | | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | | |
| | | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| E 114 | | 4.0 |
|-------|--------|-------|
| L-Ait | Intorm | ation |
| Lulu | Inform | auvii |

| Edit Number | 203 | esc Number | 1220 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | rt Desc Three Service Units Per Month Same Provider or Site | | | | | | |
|------------|--|--|--|--|--|--|--|
| Long Desc | Three Service Units Per Month Same Provider or Site | | | | | | |
| | If a payment request for any of the following procedure codes results in more than three service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1220 001" thru "0203/1220 nnn" for procedure | | | | | | |
| | codes. | | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |
| Special Batch | 217 | PEND | | | | | |
| PA | | PEND | | | | | |

Programs

(None)

Exceptions

None

Resolution

| | | | | | | | _ | | | | |
|--|------------------|-------|--------|--------------|-------------------------------------|-------|--------------|-----------|---------|---|---|
| Edit Inform | ation | | | | | | | | | | |
| Edit Number | 203 | | е | sc Number | 1221 | N | CPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc Six Service Units Per Month | | | | | | | | | | | |
| Long Desc | Six Serv | ice U | nits F | Per Month | | | | | | | |
| Edit Criteria | | | | • | ne following pro olling month, s | | | | ılts in | | |
| | See Valu | ue Se | ets "0 | 203/1221 001 | " thru "0203/12 | 221 r | nnn" f | or proced | lure | | |
| General In | dicator | S | | | | | | | | | |
| Reject Ind | | | Der | ıy Ind | | Υ | Ove | rride Ind | | Υ | , |
| PrtRA Ind | | Υ | PA | Override Ind | | | Con | npound In | d | | |
| Туре | | L | Prio | rity | | | Recycle Days | | | 0 |) |
| HIPAA esc | | | Cut | itBack Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | Y | / Pharmacy | / | | | Inpatient | | | |
| Nursing | | | | Home He | alth | | Outpatient | | | | |
| Physician | | | Y | / Personal | Care | | Laboratory | | ry | | |
| Transportation | า | | | Xover A | | | Xover B | | | | |
| Cap Pay | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | Date Information | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | 1/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| - 114 C | | 4.0 |
|---------|--------|--------|
| L Clit | Intorm | nation |
| LUIL | Inform | Iauvii |

| Edit Number | 203 | esc Number | 1222 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Nine Service Units Per Month Same Provider or Site | | |
|---------------|--|--|--|
| Long Desc | Nine Service Units Per Month Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than nine service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1222 001" thru "0203/1222 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code DOS Effective Date Revision Date | Effective Date Code | DOS Effective Date | Revision Date |
|--|---------------------|--------------------|---------------|
|--|---------------------|--------------------|---------------|

| Media/Disposition/Pend Location Codes | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|
| Media | LOC | Disp | | | | |
| Paper | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| EMC | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| Adjustment | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| POS | | PAY | | | | |
| Encounter | | 0 | | | | |
| Special Batch | 217 | PEND | | | | |
| PA | | PEND | | | | |

Programs

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | |
|--|--------------------|---|------|-------|------------|-------------|-----|----------------|-----------|--------|---|---|
| Edit Number | 203 | | е | sc N | lumber | 1223 | N | ICPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc One Service Unit Per Two Months | | | | | | | | | | | | |
| Long Desc | One Ser | Service Unit Per Two Months | | | | | | | | | | |
| Edit Criteria | | payment request for any of the following procedure codes results in ore than one service unit per two rolling months, set the edit. | | | | | | | | | | |
| | See Valu codes. | e Value Sets "0203/1223 001" thru "0203/1223 nnn" for procedure des. | | | | | | | | | | |
| General In | dicator | S | | | | | | | | | | |
| Reject Ind | | | Der | ıy In | d | | Υ | Ove | rride Ind | | Y | , |
| PrtRA Ind | | Υ | PA | Ove | rride Ind | | | Con | npound In | nd | | |
| Туре | | L | Prio | rity | | | | Recycle Days 0 | | | | |
| HIPAA esc | | | Cut | Bacl | k Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | SL | .Н | | | | TDO |) | | |
| FAMIS | | Υ | | As | sessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | F | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | H | Home Hea | alth | | Outpatient | | | | |
| Physician | | | Y | / F | Personal C | Care | | | Laborato | ory | | |
| Transportation | 1 | | | > | Xover A | | | | Xover B | | | |
| Cap Pay | | | | N | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositior | 1/Pe | nd | Loc | cation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | |
| | | | | | • | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| D 30 | ntar | mation |
|------|------|--------|
| 11.5 | шч | mation |

| Edit Number | 203 | esc Number | 1224 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Three Service Units Per Two Months Same Provider or Site | | |
|------------|--|--|--|
| Long Desc | Three Service Units Per Two Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than three service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1224 001" thru "0203/1224 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |
| Special Batch | 217 | PEND | | | | | |
| PA | | PEND | | | | | |

Programs

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | | |
|---|----------------|--|-----|-----------------|-------------|-----------------------------------|-----|----------------|----------|---------|---|---|--|
| Edit Number | 203 | | 6 | esc | Number | 1225 | N | CPD | P Code | | | | |
| | | | | | | | | | | | | | |
| Short Desc Eight Service Units Per Two Months | | | | | | | | | | | | | |
| Long Desc | Eight Se | rvice | Uni | ts F | Per Two Mor | nths | | | | | | | |
| Edit Criteria | | | | | • | e following pro two rolling mo | | | | ults in | | | |
| | See Valucodes. | See Value Sets "0203/1225 001" thru "0203/1225 nnn" for procedure codes. | | | | | | | | | | | |
| General Indicators | | | | | | | | | | | | | |
| Reject Ind | | Deny Ind | | | | Υ | Ove | rride Ind | | | Y | ′ | |
| PrtRA Ind | | Υ | PA | PA Override Ind | | | | Con | npound I | nd | | | |
| Туре | | L | Pri | orit | у | | | Recycle Days 0 | | |) | | |
| HIPAA esc | | | Cu | tBa | ack Ind | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | |
| Medicaid | | Υ | | 5 | SLH | | | | TDC |) | | | |
| FAMIS | | Υ | | ŀ | Assessments | S | | | | | | | |
| Claim Type |) | | | | | | | | | | | | |
| Dental | | | , | Υ | Pharmacy | | | | Inpatien | t | | | |
| Nursing | | | | | Home Hea | lth | | | Outpatie | ent | | | |
| Physician | | | , | Υ | Personal C | are | | | Laborate | ory | | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revision | on Dat | e | | |
| Media/Disp | ositio | n/Pe | end | L | ocation C | odes | | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | | |
| | | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Calif lasfa was | ation | _ | _ | | | _ | _ | _ | _ | | |
|--------------------|--|--------|----------|--------------|--------------------------------------|-----|---------|---------|----------|---|---|
| Edit Inform | | | | | | | | | | | |
| Edit Number | 203 | | e | sc Number | 1226 | N | CPDP | Code | | | |
| | | | | | | | | | | | |
| Short Desc | Short Desc Two Service Units Per Three Months | | | | | | | | | | |
| Long Desc | Two Ser | vice l | Jnits | Per Three Mo | onths | | | | | | |
| Edit Criteria | | | | | ne following pro three rolling mo | | | | ults in | | |
| | | | | · | • | | | | | | |
| | See Value Sets "0203/1226 001" thru "0203/1226 nnn" for procedure codes. | | | | | | | | | | |
| General Indicators | | | | | | | | | | | |
| Reject Ind | | | Deny Ind | | | Υ | Overrio | de Ind | | Y | , |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Compo | ound In | d | | |
| Туре | | L | Prio | rity | | | Recyc | e Days | S | 0 | l |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type | • | | | | | | | | | | |
| Dental | | | Y | Pharmacy | 1 | | In | patient | | | |
| Nursing | | | | Home Hea | alth | | 0 | utpatie | nt | | |
| Physician | | | Υ | Personal (| Care | | La | aborato | ry | | |
| Transportation | า | | | Xover A | | | X | over B | | | |
| Cap Pay | | | | Man Fee | | | A | dmin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | F | Revisio | n Date | | |
| Media/Disp | ositio | 1/Pe | nd l | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | p | | | | |
| | | | | | | | | | , | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | | |
|----------------|--------------|--|-------|----------|-----------|-----------|----|--------|----------|----------|--------|---|---|
| Edit Number | 203 | | es | sc Nu | mber | 1227 | | N | CPDP | Code | | | |
| | | | | | | | | | | | | | |
| Short Desc | Seven S | ervice | e Uni | ts Pei | Three | Month | | | | | | | |
| Long Desc | Seven S | ervice | e Uni | ts Pei | Three | Month | | | | | | | |
| Edit Criteria | more that | payment request for any of the following procedure codes results in pre than seven service units per three rolling months, set the edit. The Value Sets "0203/1227 001" thru "0203/1227 nnn" for procedure des. | | | | | | | | | | | |
| | codes. | | _ | | | | _ | | _ | _ | _ | Ш | |
| General In | dicator | 'S | | | | | | | | | | | |
| Reject Ind | | | Den | Deny Ind | | | Υ | Overri | de Ind | | Υ | ′ | |
| PrtRA Ind | | Υ | | | de Ind | | | | <u> </u> | ound In | | | |
| Туре | | L | Prio | , | | | | | Recyc | le Days | | 0 |) |
| HIPAA esc | | | CutE | Back I | nd | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | | TDO | | | |
| FAMIS | | Υ | | Asse | essmen | ts | | | | | | | |
| Claim Type |) | | | | | | | | | | | | |
| Dental | | | Y | Ph | narmacy | / | | | Ir | patient | | | |
| Nursing | | | | Н | me He | alth | | | С | utpatier | nt | | |
| Physician | | | Y | Pe | ersonal (| Care | | | L | aborato | ry | | |
| Transportation | า | | | Xc | over A | | | | +-+ | over B | | | |
| Cap Pay | | | | Ma | an Fee | | | | A | dmin | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | | |
| Effective Date | Code | | | D | OS Eff | ective Da | te | | | Revisio | n Date | | |
| Media/Disp | ositio | n/Pe | nd l | Loca | ation (| Codes | | | | | | | |
| Media | | | | | LOC | | I | Dis | р | | | | |
| | | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| | -11 | _ | _ | | | _ | | | | | |
|--|--------------------|--------|----------|-----------------|--------------------------------------|------|----------------|----------|---------|---|---|
| Edit Inform | ation | | | | | | | | | | |
| Edit Number | 203 | | e | sc Number | 1228 | N | CPDP | Code | | | |
| | | | | | | | | | | | |
| Short Desc One Service Unit Per Six Months | | | | | | | | | | | |
| Long Desc | One Ser | vice l | Jnit F | er Six Month | S | | | | | | |
| Edit Criteria | | | - | • | ne following pro ix rolling month | | | | ults in | | |
| | | | | | | , , | | | | | |
| | See Valu codes. | ue Se | ts "02 | 203/1228 001 | " thru "0203/12 | 28 r | nnn" foi | rproced | lure | | |
| General Indicators | | | | | | | | | | | |
| Reject Ind | | | Deny Ind | | | Υ | Overr | ide Ind | | Y | 7 |
| PrtRA Ind | | Υ | PA (| PA Override Ind | | | Comp | ound In | d | | |
| Туре | | L | Prio | | | | Recycle Days 0 | | | | |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessment | s | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | Y | Pharmacy | , | | Ir | npatient | | | |
| Nursing | | | | Home Hea | alth | | C | Outpatie | nt | | |
| Physician | | | Y | | Care | | | aborato | ry | | |
| Transportation | 1 | | | Xover A | | | | over B | | | |
| Cap Pay | | | | Man Fee | | | A | dmin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/Pe | nd | Location C | Codes | | | | | | |
| Media | | | | LOC | | Dis | p | | | | |
| | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| D 30 | ntar | mation |
|------|------|--------|
| 11.5 | шч | mation |

| Edit Number | 203 | esc Number | 1229 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | 1 | |
|------------|---|---|--|
| Short Desc | One Service Unit Per Six Months Same Provider or Site | | |
| Long Desc | One Service Unit Per Six Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1229 001" thru "0203/1229 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |

PEND

PEND

217

Programs

Special Batch

(None)

PA

Exceptions

CT 11 will always pend.

Resolution

| Edit Inform | ation | | | | | | | | | | | |
|---|----------|--|-------|----------|---------------------------|-------------|--------------|------------|----------|--------|---|---|
| Edit Number | 203 | 203 esc Number 1230 | | | | N | NCPDP Code | | | | | |
| | | | | | | | | | | | | |
| Short Desc Two Service Units Per Six Months | | | | | | | | | | | | |
| Long Desc | Two Ser | vice l | Jnits | Pe | er Six Month | ns | | | | | | |
| Edit Criteria | more tha | a payment request for any of the following procedure codes results in ore than two service units per six rolling months, set the edit. ee Value Sets "0203/1230 01" thru "0203/1230 nnn" for procedure codes. | | | | | | | | | | |
| General Indicators | | | | | | | | | | | | |
| Reject Ind | aroator | | Der | ny I | nd | | Υ | Overr | ide Ind | | | Y |
| PrtRA Ind | | | | | eny Ind A Override Ind | | <u> </u> | 1 | oound In | d | | |
| Туре | | | | Priority | | | Recycle Days | | | (|) | |
| HIPAA esc | | | Cut | Ва | ck Ind | | | | | | | |
| Program In | idicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | s | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Α | ssessment | 3 | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | \ | ′ | Pharmacy | | | II | npatient | | | |
| Nursing | | | | | Home Hea | lth | | Outpatient | | | | |
| Physician | | | \ | <u> </u> | Personal C | are | | Laboratory | | | | |
| Transportation | 1 | | | | Xover A | | | Xover B | | | | |
| Cap Pay | | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/Pe | nd | Lc | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| E 114 | | 4.0 |
|-------|--------|-------|
| L-Ait | Intorm | ation |
| Lulu | Inform | auvii |

| Edit Number | 203 | esc Number | 1231 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Six Months Same Provider or Site | | |
|------------|--|--|--|
| Long Desc | Two Service Units Per Six Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than two service units per six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1231 001" thru "0203/1231 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |

PEND

PEND

217

Programs

Special Batch

(None)

PA

Exceptions

CT 11 will always pend.

Resolution

| | | | | | | | _ | | | | |
|------------------|----------|--------|--------|---------------|--|-------|----------------|-----------|---------|---|---|
| Edit Inform | ation | | | | | | | | | | |
| Edit Number | 203 | | e | sc Number | 1232 | N | CPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc | Three Se | ervice | Unit | s Per Six Moi | nths | | | | | | |
| Long Desc | Three Se | ervice | Unit | s Per Six Mo | nths | | | | | | |
| Edit Criteria | | | | • | ne following pro er six rolling mor | | | | ults in | | |
| | See Valu | ue Se | ts "02 | 203/1232 001 | " thru "0203/12 | .32 r | nnn" f | or proced | lure | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Ove | ride Ind | | Υ | ′ |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Com | pound In | d | | |
| Туре | | L | Prio | rity | | | Recycle Days 0 | | |) | |
| HIPAA esc | | | Cutl | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | Y | Pharmacy | 1 | | | Inpatient | | | |
| Nursing | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | Y | Personal (| Care | | | Laborato | ry | | |
| Transportation | า | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | | Revisio | n Date | | |
| Media/Disp | osition | n/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | - ' | | | | | • | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Edit lafe wa | - 4! au | _ | _ | | | _ | _ | _ | | | |
|----------------|----------|---|-------|--------------|--------------------------------------|-----|---------|---------|--------|---|---|
| Edit Inform | | | _ | | | | | | | | |
| Edit Number | 203 | | e | sc Number | 1233 | N | CPDP (| Code | | | |
| | | | | | | | | | | | |
| Short Desc | Four Ser | rvice | Units | Per Six Mon | ths | | | | | | |
| Long Desc | Four Ser | rvice | Units | Per Six Mon | ths | | | | | | |
| Edit Criteria | | | | | ne following pro six rolling mont | | | | lts in | | |
| | See Valu | See Value Sets "0203/1233 001" thru "0203/1233 nnn" for procedure | | | | | | | | | |
| General In | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Overrid | e Ind | | Y | , |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Compo | und In | d | | |
| Туре | | L | Prio | rity | | | Recycle | e Days | | 0 | |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type | 9 | | | | | | | | | | |
| Dental | | | Y | Pharmacy | / | | Inp | atient | | | |
| Nursing | | | | Home He | alth | | Ou | tpatier | nt | | |
| Physician | | | Y | Personal (| Care | | La | borato | ry | | |
| Transportation | า | | | Xover A | | | Xo | ver B | | | |
| Cap Pay | | | | Man Fee | | | Ad | min | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | R | evisior | n Date | | |
| Media/Disp | osition | n/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Edit Inform | otion | _ | - | _ | | _ | - | _ | _ | | |
|----------------|----------------------------------|-------|--------|----------------|-------------------------------------|------|----------------|-----------|---------|---|--|
| Edit Inform | | | | | | _ | | | | | |
| Edit Number | 203 | | e | sc Number | 1234 | N | CPDI | P Code | | | |
| | | | | | | | | | | | |
| Short Desc | Six Service Units Per Six Months | | | | | | | | | | |
| Long Desc | Six Servi | ice U | nits F | Per Six Months | 3 | | | | | Ш | |
| Edit Criteria | | | • | · · | ne following pro x rolling month | | | | ults in | | |
| | See Valu codes. | ıe Se | ts "02 | 203/1234 001 | " thru "0203/12 | 34 r | nnn" fo | or proced | lure | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Over | ride Ind | | Υ | |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Com | pound In | d | | |
| Туре | | L | Prio | rity | | | Recycle Days 0 | | | 0 | |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | Y | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | Y | Personal C | Care | | | Laborato | ry | | |
| Transportation | 1 | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | Man Fee | | | 4 | Admin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositior | 1/Pe | nd | Location C | Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | • | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| H Mit | Intorm | ation |
|-------|--------|-------|
| | Inform | auon |

| Edit Number | 203 | esc Number | 1235 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc One Service Unit Per Eight Months Same Provider or Site | | | | | | |
|--|--|--|--|--|--|--|
| Long Desc | One Service Unit Per Eight Months Same Provider or Site | | | | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per eight rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1235 001" thru "0203/1235 nnn" for procedure | | | | | |
| | codes. | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|---------------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind Com | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | |
|---------------------------------------|-----|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 200 | PEND | | | |
| | 200 | DENY | | | |
| EMC | 200 | PEND | | | |
| | 200 | DENY | | | |
| Adjustment | 200 | PEND | | | |
| | 200 | DENY | | | |
| POS | | PAY | | | |
| Encounter | | 0 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

Programs

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | |
|--|--------------------|---|-------|------|-------------------|----------------|-----|------------|-----------|------|---|---|
| Edit Number | 203 | | E | esc | Number | 1236 | N | ICPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc One Service Unit Per Nine Months | | | | | | | | | | | | |
| Long Desc | One Ser | e Service Unit Per Nine Months | | | | | | | | | | |
| Edit Criteria | more tha | payment request for any of the following procedure codes results in re than one service unit per nine rolling months, set the edit. | | | | | | | | | | |
| | See Valu codes. | ue Se | ts "C |)20 | 3/1236 001" | ' thru "0203/1 | 236 | nnn" f | or proced | dure | | |
| General Inc | dicator | S | | | | | | | | | | |
| Reject Ind | | | Der | าy l | Ind | | Υ | Ove | rride Ind | | Υ | ′ |
| PrtRA Ind | | Υ | РΑ | Ov | verride Ind | | | Con | npound Ir | nd | | |
| Туре | | L | Pric | orit | у | | | Rec | ycle Days | 8 | C |) |
| HIPAA esc | | | Cut | Ва | ick Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | S | SLH | | | | TDO |) | | |
| FAMIS | | Υ | | A | Assessments | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | ' | Y | Pharmacy Inpatien | | | | | | | |
| Nursing | | | | | Home Hea | lth | | Outpatient | | | | |
| Physician | | | ` | Y | Personal C | are | | Laboratory | | | | |
| Transportation | 1 | | | | Xover A | | | Xover B | | | | |
| Cap Pay | | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | ositior | 1/Pe | nd | Lo | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | |
| | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| H Mit | Intorm | ation |
|-------|--------|-------|
| | Inform | auon |

| Edit Number | 203 | esc Number | 1237 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Nine Months Same provider or Site | | |
|---------------|--|--|--|
| Long Desc | One Service Unit Per Nine Months Same provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per nine rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1237 001" thru "0203/1237 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Loca | tion Codes | | |
|-----------------------------|------------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | 200 | DENY | |
| EMC | 200 | PEND | |
| | 200 | DENY | |
| Adjustment | 200 | PEND | |
| | 200 | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

| | | | 4.0 |
|------|------|--------|------|
| Edit | Into | ring c | TIAN |
| | | | |

| Edit | 1238 | esc Number | 1238 | NCPDP Code | DN |
|--------|------|------------|------|------------|----|
| Number | | | | | |

| Short Desciption | M/I BASIS OF COST |
|------------------|---|
| Long Description | M/I BASIS OF COST |
| Edit Criteria | BOC having value other than: 01 thru 14 |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | N | Compound Ind | Ν |
| Туре | | Priority | 2 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | | Assessments | | |

Claim Type

| Dental | Pharmacy | Υ | Inpatient | |
|----------------|---------------|---|------------|--|
| Nursing | Home Health | | Outpatient | |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date | DOS | Effective Date | Revision Date | |
|----------------|-----|----------------|---------------|--|
| Code | | | | |

Media/Disposition/Pend Location Codes

| Media LOC Disp |
|----------------|
|----------------|

| Paper | 0 | |
|---------------|---|--|
| | 0 | |
| EMC | 0 | |
| | 0 | |
| Adjustment | 0 | |
| | 0 | |
| POS | D | |
| Encounter | 8 | |
| Special Batch | | |
| PA | | |

| Program | Program Title |
|----------|------------------------|
| VPT99GEN | Pharmacy General Edits |

Exceptions

None

Resolution

(None)

| Edit Inform | ation | | | | | | | | | | | |
|---|------------------|-------|----------|----------|-------------|------|-----|----------------|----------|----|---|---|
| Edit Number | 203 | | e | esc | Number | 1238 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | One Se | rvice | Unit | Ре | r Ten Montl | าร | | | | | | |
| Long Desc | One Se | rvice | Unit | Ре | r Ten Montl | ns | | | | | | |
| Edit Criteria If a payment request for any of the following procedure codes results in more than one service unit per ten rolling months, set the edit. See Value Sets "0203/1238 001" thru "0203/1238 nnn" for procedure codes. | | | | | | | an | | | | | |
| General Ind | licator | 'S | | | | | | | | | | |
| Reject Ind | | | Der | ıy lı | nd | | Υ | Over | ride Ind | | ` | Y |
| PrtRA Ind | | Υ | РΑ | Ove | erride Ind | | | Com | pound Ir | nd | | |
| Туре | | L | Priority | | | | | Recycle Days (| | |) | |
| HIPAA esc | | | Cut | Ba | ck Ind | | | | | | | |
| Program In | dicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | S | LH | | | | TDC |) | | |
| FAMIS | | Υ | | Α | ssessment | S | | | | | | |
| Claim Type | | | | | | | | | | | | |
| Dental | | | | Y | Pharmacy | | | Inpatient | | | | |
| Nursing | | | | | Home Hea | lth | | | Outpatie | nt | | |
| Physician | | | \ | Y | Personal C | are | | Laboratory | | | | |
| Transportation | | | | | Xover A | | | Xover B | | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | Date Information | | | | | | | | | | | |
| Effective Date Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | | |
| Media/Disp | ositio | n/Pe | nd | Lo | cation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Edit Information | | | | | | | | | | | | |
|---------------------------------------|--|--------|--------|----------|---------------|------------------|---------|------------|-----------|------|---|---|
| | | | | | | | | | | | | |
| Edit Number | 203 | | e | scl | Number | 1239 | N | ICPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | Two Ser | vice l | Jnit I | Per | Eleven Mo | onths | | | | | | |
| Long Desc | Two Ser | vice l | Unit I | Per | Eleven Mo | onths | | | | | | |
| Edit Criteria | | | | | | e following pr | | | | | | |
| | more tha | an two | o ser | VICE | e units per e | eleven rolling i | mont | ins, se | et tne ea | τ. | | |
| | See Valu | ue Se | ets "0 | 203 | 3/1239 001 | " thru "0203/1 | 239 ı | nnn" f | or proce | dure | | |
| General In | dicator | 'S | | | | | | | | | | |
| Reject Ind | | | Der | ny Ir | nd | | Υ | Ove | rride Ind | | Y | ′ |
| PrtRA Ind | | Υ | РА | Ονε | erride Ind | | | Con | npound I | nd | | |
| Туре | | L | Pric | rity | | | | Rec | ycle Day | S | 0 |) |
| HIPAA esc | CutBack Ind | | | | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | S | LH | | | | TDC |) | | |
| FAMIS | | Υ | | A | ssessment | S | | | | | | |
| Claim Type | 9 | | | | | | | | | | | |
| Dental | | | ١ | ′ | Pharmacy | | | Inpatient | | | | |
| Nursing | | | | | Home Health | | | Outpatient | | | | |
| Physician | | | \ | ′ | Personal C | Care | | Laboratory | | | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date | Effective Date Code DOS Effective Date | | | | | Revision | on Date | | | | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | |
| Media | | | | | LOC | | Dis | sp | | | | |
| | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | | | |
|---------------------------------------|---------|---------|--------|-------|-----------|-------------|--------|------|------------|----------|--------|---|---|---|
| Edit Number | 203 | | е | sc N | lumber | 1240 | | N | CPDF | Code | | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Nine Se | rvice l | Jnit I | Per | Eleven N | lonths Sa | me Pro | ovid | er or S | Site | | | | |
| Long Desc | Nine Se | rvice l | Jnit I | Per | Eleven N | lonths Sa | me Pro | ovid | er or S | Site | | | | |
| Edit Criteria | | | | | | | | | | | | | | |
| General In | dicato | 'S | | | | | | | | | | | | |
| Reject Ind | | | Den | ıy In | d | | | Υ | Overi | ride Ind | | | Υ | 1 |
| PrtRA Ind | | Υ | PA (| Ove | rride Ind | | | | Com | pound In | ıd | | | |
| Туре | | L | Prio | | | | | | Recy | cle Days | 3 | | C |) |
| HIPAA esc | | | Cutl | Bacl | k Ind | | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | | |
| Medicaid | | Υ | | SL | .H | | | | | TDO | | | | |
| FAMIS | | Υ | | As | sessmer | nts | | | | | | | | |
| Claim Type |) | | | | | | | | | | | | | |
| Dental | | | | F | Pharmac | у | | | I | npatient | | | | |
| Nursing | | | | H | Home He | ealth | | | | Outpatie | nt | | | |
| Physician | | | Y | / F | Personal | Care | | | L | aborato | ry | | | |
| Transportation | 1 | | | | Xover A | | | | + + | Kover B | | | | |
| Cap Pay | | | _ | N | Man Fee | | | | <i> </i> | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | | |
| Effective Date | Code | | | | DOS E | ffective Da | ate | | | Revisio | n Date | е | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | | | |
| Media | | | | | LOC | , | | Dis | р | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | DENY |
| EMC | 200 | PEND |
| | 200 | DENY |
| Adjustment | 200 | PEND |
| | 200 | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| E 114 | | 4.0 |
|-------|--------|-------|
| L-Ait | Intorm | ation |
| Lulu | Inform | auvii |

| Edit Number | 203 | esc Number | 1241 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Twelve Months Same Provider or Site | | |
|------------|--|--|--|
| Long Desc | One Service Unit Per Twelve Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1241 001" thru "0203/1241 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | | |
|---------------------|--------------------|---------------|--|--|
|---------------------|--------------------|---------------|--|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |

PEND

PEND

217

Programs

Special Batch

(None)

PA

Exceptions

CT 11 will always pend.

Resolution

| | | | 4.0 | |
|------|------|-------|-----|----|
| п 🔳 | Info | 12100 | 211 | on |
| | IIII | | | |

| Edit Number | 203 | esc Number | 1242 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | f r | |
|---------------|---|-----|--|
| Short Desc | Two Service Units Per Twelve Months Same Provider or Site | | |
| Long Desc | Two Service Units Per Twelve Months Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1242 001" thru "0203/1242 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|
| Media | LOC | Disp | | | | |
| Paper | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| EMC | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| Adjustment | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| POS | | PAY | | | | |
| Encounter | | 0 | | | | |

PEND

PEND

217

Programs

Special Batch

(None)

PA

Exceptions

CT 11 will always pend.

Resolution

| | | | | | | _ | | | | | |
|----------------|----------|--------------------------------|-------|--------------|--------------------------------------|-------|------------|---------|--------|---|---|
| Edit Inform | nation | | | | | | | | | | |
| Edit Number | 203 | | е | sc Number | 1243 | N | CPDP (| Code | | | |
| | | | | | | | | | | | |
| Short Desc | Four Sei | rvice | Units | Per Twelve N | Months | | | | | | |
| Long Desc | Four Sei | ervice Units Per Twelve Months | | | | | | | | | |
| Edit Criteria | | | - | • | ne following pro twelve rolling n | | | | | | |
| | See Valu | ue Se | ts "0 | 203/1243 001 | " thru "0203/12 | 243 r | וnn" for ן | oroced | ure | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Overrid | e Ind | | Y | ′ |
| PrtRA Ind | | Υ | PA | Override Ind | | | Compo | und In | d | | |
| Туре | | L | Prio | rity | | | Recycle | e Days | | 0 |) |
| HIPAA esc | | | Cutl | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type | 9 | | | | | | | | | | |
| Dental | | | Y | / Pharmacy | 1 | | Inp | atient | | | |
| Nursing | | | | Home Hea | alth | | Ou | tpatier | nt | | |
| Physician | | | Υ | Personal (| Care | | La | borato | ry | | |
| Transportation | 1 | | | Xover A | | | Xo | ver B | | | |
| Cap Pay | | | | Man Fee | | | Ad | min | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | R | evision | n Date | | |
| Media/Disp | osition | 1/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | p | | | | |
| | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| - 114 C | | 4.0 |
|---------|--------|--------|
| L Clit | Intorm | nation |
| LUIL | Inform | Iauvii |

| Edit Number | 203 | esc Number | 1244 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Four Service Units Per Twelve Months Same Provider or Site | | |
|---------------|--|--|--|
| Long Desc | Four Service Units Per Twelve Months Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than four service units per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1244 001" thru "0203/1244 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|
| Media | LOC | Disp | | | | |
| Paper | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| EMC | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| Adjustment | 200 | PEND | | | | |
| | 200 | DENY | | | | |
| POS | | PAY | | | | |
| Encounter | | 0 | | | | |
| Special Batch | 217 | PEND | | | | |
| PA | | PEND | | | | |

Programs

(None)

Exceptions

None

Resolution

| | | | | | | | _ | | | | |
|------------------|--------------------|--------|--------|--------------|-------------------------------------|-----------|-----------|-----------|--------|---|---|
| Edit Inform | ation | | | | | | | | | | |
| Edit Number | 203 | | е | sc Number | 1245 | N | CPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc | One Ser | vice l | Jnit F | Per Twenty-T | hree Months | | | | | | |
| Long Desc | One Ser | vice l | Jnit F | Per Twenty-T | hree Months | | | | | | |
| Edit Criteria | | | | | ne following pro wenty-three rol | | | | | | |
| | See Valu | ue Se | ets "O | 203/1245 001 | " thru "0203/12 | 245 r | nn" f | or proced | lure | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Der | ıy Ind | | Υ | Ove | rride Ind | | Y | ′ |
| PrtRA Ind | <u> </u> | | | | Con | npound In | d | | | | |
| Туре | L Priority | | | | | Rec | ycle Days | 3 | 0 |) | |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | Program Indicators | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | ١ | / Pharmacy | / | | | Inpatient | | | |
| Nursing | | | | Home He | alth | | | Outpatie | nt | | |
| Physician | | | Y | / Personal | Care | | | Laborato | ry | | |
| Transportation | า | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositior | n/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | - ' | | | | | • | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

(None)

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments.

Resolution

| Edit Inform | o4i o m | _ | _ | | | | _ | _ | | | |
|------------------|--------------------|--------|--------|--------------|-------------------------------------|----------|----------|-----------|--------|---|---------------|
| Edit Inform | iation | | | | | | | | | | |
| Edit Number | 203 | | es | sc Number | 1246 | N | CPDI | Code | | | |
| | | | | | | | | | | | |
| Short Desc | Two Ser | vice l | Jnit F | er Twenty-th | ree Months | | | | | | |
| Long Desc | Two Ser | vice l | Jnit F | er Twenty-th | ree Months | | | | | | |
| Edit Criteria | | | | | ne following pro twenty-three ro | | | | | | |
| | | | | | | | , | , | | | |
| | See Valu codes. | ıe Se | ts "02 | 203/1246 001 | " thru "0203/12 | 46 r | nnn" fo | or proced | ure | | |
| General Inc | dicator | S | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Over | ride Ind | | Y | $\overline{}$ |
| PrtRA Ind | Y PA Override Ind | | | | Com | pound In | d | | | | |
| Туре | L Priority | | | | | Recy | cle Days | i | 0 |) | |
| HIPAA esc | | | CutE | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessment | ts | | | | | | |
| Claim Type | 9 | | | | | | | | | | |
| Dental | | | Y | Pharmacy | , | | | npatient | | | |
| Nursing | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | Y | Personal (| Care | | | _aborato | ry | | |
| Transportation | 1 | | | Xover A | | |) | Xover B | | | |
| Cap Pay | | | | Man Fee | | | / | Admin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date | Code | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositior | ı/Pe | nd l | Location C | Codes | | | | | | |
| Media | | | | LOC | | Dis | p | | | | |
| | | | | | | | | | · | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

(None)

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments.

Resolution

| Edit Information | | | | | | | | | | | | | |
|--------------------|---|--------|------------|---------|----------|------------|-------|---------|--------|----------|--------|---|----------|
| Edit Number | 203 | | es | sc Nur | nber | 1247 | | N | CPDP | Code | | | |
| | | | | | | | | | | | | | |
| Short Desc | One Ser | vice L | Jnit P | er Tw | enty-Fo | our Month | s | | | | | | |
| Long Desc | One Ser | vice l | Jnit P | er Tw | enty-Fo | our Month | s | | | | | | |
| Edit Criteria | Edit Criteria If a payment request for any of the following procedure codes results in more than one service unit per twenty-four rolling months, set the edit. See Value Sets "0203/1247 001" thru "0203/1247 nnn" for procedure | | | | | | | | | | | | |
| | codes. | | | -00: | | u o. o | | | | μ.σσσσ | | | |
| General Indicators | | | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | | | Υ | Overri | ide Ind | | Y | ′ |
| PrtRA Ind | | Υ | PAC | Overrio | de Ind | | | | Comp | ound In | d | | |
| Туре | | L | L Priority | | | | Recyc | le Days | } | C |) | | |
| HIPAA esc | | | CutE | Back Ir | nd | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | | TDO | | | |
| FAMIS | | Y | | Asse | ssment | ts | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | |
| Dental | | | Y | Ph | armacy | 1 | | | Ir | patient | | | |
| Nursing | | | | Но | me Hea | alth | | | C | outpatie | nt | | |
| Physician | | | Y | | rsonal (| Care | | | | aborato | ry | | |
| Transportation | 1 | | | | ver A | | | | | over B | | | |
| Cap Pay | | | | Ма | in Fee | | | | A | dmin | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | | |
| Effective Date | Code | | | D | OS Eff | ective Dat | e | | | Revisio | n Date | | |
| Media/Disp | ositio | n/Pe | nd l | Loca | tion (| Codes | | | | | | | |
| Media | | | | | LOC | | [| Dis | р | | | | |
| | | | | | | | | | | | | | |

| Paper | 200 | PEND | |
|---------------|-----|------|--|
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

This edit was turned off for claim type 05 on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Edit/Audit Inquiry Results Edit-1248 ESC-1248

Edit Information

Edit Number 1248 esc Number 1248 NCPDP Code 0

| Short Desc | Duplicate Paymt Req For Denied XOVR |
|-------------------|--|
| Long Desc | Duplicate Paymt Req-Denied XOVR CLM, Same Prov, Same Dos |
| Edit Cri teria | This edit is set when a payment request being processed for claim types 01, 02, 03, 10 (UB related) or 04, 05, 08, 11 and 13 (CMS related) is a duplicate of a previously denied XOVR claim based on the following parameters: |
| | INPATIENT (CLAIM TYPE 01): Same member ID Same servicing provider ID Same from date of service Same thru date of service |
| | NURSING HOME (CLAIM TYPES 02 and 10): Same member ID Same servicing provider ID Same from date of service Same thru date of service |
| | CORF & HOME HEALTH(CLAIM TYPE 03): Same member ID Same servicing provider ID Same from date of service Same thru date of service OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) without therapy |
| | revenue codes: Same member ID Same servicing provider ID Same from date of service |

Same thru date of service

OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) with therapy revenue codes (42x, 43x, and 44x):

Same member ID

Same servicing provider ID

Same from date of service

Same thru date of service

PERSONAL CARE (CLAIM TYPE 04):

Same member ID

Same servicing provider ID

Same procedure code

Same from date of service

Same from date of service

Same NDC (If procedure code being billed as a Jcode)

PRACTITIONER - (CLAIM TYPE 05):

Same member ID

Same servicing provider ID

Same procedure code

Same from date of service

Same from date of service

Same NDC (If procedure code being billed as a Jcode)

INDEPENDENT LAB (CLAIM TYPE 08):

Same member ID

Same servicing provider ID

Same procedure code

Same from date of service

Same from date of service

Same NDC (If procedure code being billed as a Jcode)

DENTAL (CLAIM TYPE 11):

Same member ID

Same servicing provider ID

Same procedure code

Same from date of service

Same from date of service

Same NDC (If procedure code being billed as a Jcode)

TRANSPORTATION (CLAIM TYPE 13):

Same member ID

Same servicing provider ID

Same procedure code

Same from date of service

Same from date of service

Same NDC (If procedure code being billed as a Jcode)

General Indicators

| Reject Ind | | Deny Ind | Y | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | Τ | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

Effective Date Code DOS Effective Date Revision Date

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | DENY | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---------------|
| i rogram | i rogram ride |

| CPA430VA | Duplicate Check |
|----------|------------------------|
| | |

Exceptions



Resolution

Updated 6/2014

- 1. If the Medicare of Medicare Advantage EOB indicates a payment for the billed service This includes payment towards the deductible. Deny 1248D.
- 2. If the Medicare of Medicare Advantage EOB indicates a retraction of payment for the billed service override 1248 O.
- 3. If the provider or EOB indicates that the service is not covered or non-covered and no payment or partial payment for inpt hospital claims was made for the service billed, override edit 1248. If a provider is submitting an electronic claim (eighth digit in the ICN is '7'), please check for remarks on the claim image. Example: Provider has included remark 'Non Covered by Medicare' or 'Benefits Exhausted'. This is acceptable documentation. SADS charges billed with revenue code 0259 are not covered by Medicare. Override edit 1248 with disposition 'O'.
- NOTE: providers must bill all rev codes when billing for an inpt stay. This is why the Medicare payment would be only a partial payment when benefits are exhausted or a revenue code is not covered when billed with the hospital stay. The claim, EOB or attachment would have to indicate benefits exhausted or non-covered for payment.
- 4. If the provider or EOB indicates that the service is not covered or non-covered and no payment or partial payment for an inpt hospital claims was made for the service billed, override edit 1248. If a provider is submitting a DDE claim (eighth digit in the ICN is '2'), please check for remarks on the claim image. Example: Provider has included remark 'Non Covered by Medicare' or 'Benefits Exhausted'. This is acceptable documentation. SADS charges billed with revenue code 0259 are not covered by Medicare. Override edit 1248 with disposition 'O'.
- NOTE: providers must bill all rev codes when billing for inpt stays. This is why the crossover Medicare payment would be only a partial payment when benefits are exhausted or a revenue code is not covered when billed with the hospital stay. The claim, EOB or attachment would have to indicate benefits exhausted or non-covered for payment.
- 5. If recipient does not have Medicare listed in the eligibility TPL file Override 1248
- 6. Recipient's name, date of service, billed charges should match information on EOB. If not, deny 1248.
- 7. If EOB indicates no payment but the conflicting claim has a payment unless steps 2, 3 or 4 apply, deny 1248D.
- 8. If the provider is billing for the HMO Copay and it is noted on the EOB, override 1248O.

| 9. If the conflicting claim was denied with edit 0364 and the Medicare EOB does not show the payment was retracted or no Medicare EOB or statement from the provider indicating the procedure code was not covered by Medicare, deny 1248D. |
|---|
| 10. If resolution cannot be determined - add question in comment screen and transfer to location 219. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Edit Information

| Edit Number | 202 | aaa Nuurah ar | 1040 | NCDDD Code | |
|-------------|-----|---------------|------|------------|--|
| Edit Number | 203 | esc Number | 1248 | NCPDP Code | |

| Short Desc | One Service Unit Per Twenty-Four Months Same Provider or Site |
|---------------|---|
| Long Desc | One Service Unit Per Twenty-Four Months Same Provider or Site |
| Edit Criteria | Edit is deleted - no procs fall into this criteria. |
| | If a payment request for any of the following procedure codes results in more than one service unit per twenty-four rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. |
| | See Value Sets "0203/1248 001" thru "0203/1248 nnn" for procedure codes. |

General Indicators

| Reject Ind | Deny Ind | Override Ind | |
|------------|-----------------|--------------|---|
| PrtRA Ind | PA Override Ind | Compound Ind | |
| Туре | Priority | Recycle Days | 0 |
| HIPAA esc | CutBack Ind | | |

Program Indicators

| Medicaid | SLH | TDO | |
|----------|-------------|-----|--|
| FAMIS | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient |
|----------------|---------------|------------|
| Nursing | Home Health | Outpatient |
| Physician | Personal Care | Laboratory |
| Transportation | Xover A | Xover B |
| Cap Pay | Man Fee | Admin |
| Asmt Fee | | |

| Date Information | | | |
|--|--------------------------|------------------------------|---------|
| Effective Date Code | Effective Date | Revision Date | |
| Media/Disposition/Pend Lo | ocation Codes | | |
| Media | LOC | Disp | |
| Paper | | | |
| EMC | | | |
| Adjustment | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| Resolution | | | |
| Refer to the resolution instructions f ride or deny. | or edit 0203/3180. Use t | he ESC number that pended to | o over- |
| • | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Edit Information | | | | | | | | | | | | | | |
|---|----------|--|-----------------|---------------|-------------|-------------|---|----------------|------------|---------|--------|---|----------|--|
| Edit Number | 203 esc | | | sc Nun | Number 1249 | | | NCPDP Code | | | | | | |
| | | | | | | | | | | | | | | |
| Short Desc One Service Unit Per Thirty Months | | | | | | | | | | | | | | |
| Long Desc | One Ser | vice l | Jnit P | er Thir | rty Mon | ths | | | | | | | | |
| Edit Criteria | more tha | One Service Unit Per Thirty Months If a payment request for any of the following promore than one service unit per thirty rolling mon See Value Sets "0203/1249 001" thru "0203/12 | | | | | | hs, | set the | edit. | | | | |
| General In | dicator | 'S | | | | | | | | | | | | |
| Reject Ind | | Deny Ind | | | | | Υ | Overri | de Ind | | | ١ | / | |
| PrtRA Ind | | Υ | PA Override Ind | | | | | Comp | ound In | d | | | | |
| Туре | | L | Priority | | | | | Recycle Days 0 | | | |) | | |
| HIPAA esc | | | CutE | CutBack Ind | | | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | | TDO | | | | |
| FAMIS | | Υ | | Asses | ssment | S | | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | | |
| Dental | | | Y | Pha | armacy | | | | In | patient | | | | |
| Nursing | | | | Home Health | | | | | Outpatient | | | | | |
| Physician | | | Y | Personal Care | | | | | Laboratory | | | | | |
| Transportation | า | | | Xover A | | | | | Xover B | | | | | |
| Cap Pay | | | | Mar | n Fee | | | | A | dmin | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | | |
| Effective Date | Code | | | DC | OS Effe | ective Date | е | | F | Revisio | n Date | ; | | |
| Media/Disp | ositio | n/Pe | nd l | ocat | tion C | Codes | | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 200 | PEND | |
|---------------|-----|------|--|
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |

(None)

Exceptions

None

Resolution

| - 114 T | | 4.5 |
|--------------|--------|---------|
| L ait | Intorm | ation |
| | Inform | ICUIVII |

| - 1 | | | | | | |
|-----|-------------|------|------------|------|------------|--|
| ļ | Edit Number | 1250 | esc Number | 1250 | NCPDP Code | |

| Short Desc | Transportation Service Code - Max Units is 1 | | |
|---------------|---|--|--|
| Long Desc | Transportation Service Code - Max Units is 1 | | |
| Edit Criteria | For transportation claims, transportation encounters, and XOVB transportation claims: If the procedure code is a transportation service code (see list below) and claim units are greater than 1, move one to units and set edit 1250 (EOB). Service Code A0426 A0427 A0428 A0429 A0433 A0434 A0225 | | |
| | A0430 | | |
| | A0431 | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | 0 | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | | SLH | TDO | Υ |
|----------|---|-------------|-----|---|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|--------|----------|-----------|--|
| | | | |

| | | | | | | | | | | _ |
|---------------------|------|------|--------|-------------|----------|------|-----|------------|----------|---|
| Nursing | | | _ | ne Health | | | | Outpatient | | |
| Physician | | | _ | sonal Care | | | | Laboratory | | |
| Transportation | | Y | Xov | | | | | Xover B | | Υ |
| Cap Pay | | | Mar | Fee | | | | Admin | | |
| Asmt Fee | | | | | | | | | | |
| Date Information | | | | | | | | | | |
| Effective Date Code | DOS | Effe | ective | e Date | 10/1/200 |)9 l | Rev | ision Date | 7/27/200 | 9 |
| Media/Disposition/F | Pend | Lc | cat | ion Cod | es | | | | | |
| Media | | | | LOC | | Disp |) | | | |
| Paper | | | | | | EOB | | | | |
| | | | | | | EOB | | | | |
| EMC | | | | | | EOB | | | | |
| | | | | | | EOB | | | | |
| Adjustment | | | | EOB | | | | | | |
| | | | | | | EOB | | | | |
| POS | | | | | | | | | | |
| Encounter | | | | | | 0 | | | | |
| Special Batch | | | | | | EOB | | | | |
| PA | | | | | | | | | | |
| Programs | | | | | | | | | | |
| Program | | Pro | ogra | m Title | | | | | | |
| CPA340 | | CN | 1S-1 | 500 Service | PA Edit | | | | | |
| Exceptions | | | | | | | | | | |
| None | | | | | | | | | | |
| | | | | | | | | | | |
| Resolution | | | | | | | | | | |
| None | | | | | | | | | | |
| | | | | | | | | | | |

Edit/Audit Inquiry Results Edit 1251 ESC 1251

| Edit Inform | nation | | | | | | | | | | | | | |
|--------------------|--------------------|---------|-------|---------|-----------|-------|--------------|------|------|-------|---------|------|------|---|
| Edit Number | 1251 | | es | sc Nun | nber | 125 | 1 | N | ICPD | PC | ode | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Service N | /lust l | oe Au | thorize | ∍d | | | | | | | | | |
| Long Desc | Service N | ∕lust l | oe Au | thorize | ed | | | | | | | | | |
| Edit Criteria | For XOV | B trai | nspor | tation | claims: | | | | | | | | | |
| | - If the pro | oced | ure's | PA typ | e is '01' | or 'C | 03', set edi | t 12 | 251. | | | | | |
| General In | dicator | S | | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | | | Υ | Ove | rride | Ind | | 1 | Y |
| PrtRA Ind | | Υ | PAC | Overrid | e Ind | | | | Con | npou | nd Ind | | | |
| Туре | | 0 | Prior | rity | | | | | Rec | ycle | Days | | | 0 |
| HIPAA esc | | | CutE | Back In | d | | | | | | | | | |
| Program Ir | Program Indicators | | | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | | | TDO | | Υ | |
| FAMIS | | Υ | | Asses | ssments | 3 | | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | | |
| Dental | | | | Pha | rmacy | | | | | Inpa | atient | | | |
| Nursing | | | | Hon | ne Heal | ith | | | | Out | patient | | | |
| Physician | | | | Per | sonal C | are | | | | Lab | oratory | | | |
| Transportation | า | | | Xov | er A | | | | | Xov | er B | | | Υ |
| Cap Pay | | | | Mar | n Fee | | | | | Adn | nin | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforr | nation | | | | | | | | | | | | | |
| Effective Date | Code | D | OS E | ffectiv | e Date | | 10/1/200 | 9 | Rev | ision | Date | 7/27 | /200 | 9 |
| Media/Disp | ositior | ı/Pe | nd L | _ocat | tion C | ode | es | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | | |
| Paper | | | | | | | | DE | NY | | | | | |
| | | | | | | | | DE | NY | | | | | |
| | | | | | | | | | | | | | | |

| | DENY | |
|-----|------|------------------|
| | DENY | |
| | DENY | |
| | DENY | |
| | | |
| | 8 | |
| 217 | PEND | |
| | | |
| | 217 | DENY DENY DENY 8 |

| Program | Program Title |
|---------|--------------------------|
| CPA340 | CMS-1500 Service/PA Edit |

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1252 ESC 1252

| | nation |
|--|--------|
| | |

| Edit Number | 1252 | esc Number | 1252 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Payment Reduced to Medicare Billed/Allowed | | |
|---------------|--|--|--|
| Long Desc | Payment Reduced to Medicare Billed/Allowed | | |
| Edit Criteria | After the current allowed amount calculation is done and edit 0364 has not been set for claim: - If the allowed amount is greater than the (medicare billed or medicare allowed), the allowed amount is set to the lesser of (medicare billed and medicare allowed), set edit. - If either the medicare billed or medicare allowed is equal to zero, pay zero and set edit | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|----|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | \$ | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | Υ |
|----------|---|-------------|-----|---|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient |
|----------------|---------------|------------|
| Nursing | Home Health | Outpatient |
| Physician | Personal Care | Laboratory |
| Transportation | Xover A | Xover B |
| Cap Pay | Man Fee | Admin |
| Asmt Fee | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | 7/27/2009 | |
|---------------------|--------------------|---------------|-----------|--|
|---------------------|--------------------|---------------|-----------|--|

Media/Disposition/Pend Location Codes

| | T | | |
|---------------|-------------------|------|---|
| Media | LOC | Disp | |
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |
| Programs | | | |
| Program | Program Title | | |
| CPA046 | Crossover Pricing | | |
| Exceptions | | | |
| None | | | |
| | | | _ |
| Resolution | | | |
| (None) | | | |
| | | | |

Edit/Audit Inquiry Results Edit 740 ESC 1253

Edit Information

| Edit Number | 740 | esc Number | 1253 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Same Procedure, Same Day, Different Modifiers |
|---------------|--|
| Long Desc | Same Procedure, Same Day, Different Modifiers |
| Edit Criteria | Same Procedure, Same Day, Different Modifiers This edit is set if there are two claims that meet the following criteria: Same enrollee Exception Indicator is not 'S' Same procedure code Different procedure modifier Same date of service Different provider Procedure codes in the range A0000 - 09999, or 70000 - 99999 Edit is bypassed for the following procedure modifier combinations between the two claims: 80, 81, 82 vs. not 80, 81, 82 47, 23 vs. not 47, 23 77 vs. not 77 91 vs. not 91 TC vs. 26, 52 HF vs. not HF SG vs. not SG Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different See Value Set "PROC 0740/1253" for procedure codes and "PROC MOD 740/1253" for procedure modifiers. See Value Set "Day Support Waiver Exception" for exception indicator. |
| | Different from current system: This is a new edit. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |

| Туре | Pr | Priority | | | 0 | Red | cycle | e Days | | 0 | |
|---|----------|-------------|-------|----------------|------|-----|-------|------------|--|---|--|
| HIPAA esc | Сι | CutBack Ind | | | | | | | | • | |
| Program Indicator | rs | | | | | | | | | | |
| Medicaid | Υ | | SLH | | | Υ | | TDO | | Υ | |
| FAMIS | Υ | | Asses | ssments | | | | | | | |
| Claim Type | | | | | | | | | | | |
| Dental | | | Pha | armacy | | | Inpa | atient | | | |
| Nursing | | | Hor | ne Health | | | Out | patient | | | |
| Physician | | Υ | Per | sonal Care | | | Lab | oratory | | | |
| Transportation | | | Xov | ver A | | | Xον | /er B | | | |
| Cap Pay | | | Mar | n Fee | | | Adr | min | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date Code | | | | Effective Date | | | Rev | ision Date | | | |
| Media/Disposition | /Pen | d L | .ocat | tion Codes | | | | | | | |
| Media | | | | LOC | Dis | sp | | | | | |
| Paper | | | | 100 | PEND | | | | | | |
| | | | | 100 | PE | END | | | | | |
| EMC | | | | 100 | PEND | | | | | | |
| | | | | 100 PEN | | ND | | | | | |
| Adjustment | | | | 100 | PE | ND | | | | | |
| | | | | 100 | PE | ND | | | | | |
| POS | | | | | | | | | | | |
| Encounter | | | | | 2 | | | | | | |
| Special Batch | | | | 217 | PEND | | | | | | |
| PA | | | | | PE | ND | | | | | |
| Programs | Programs | | | | | | | | | | |
| (None) | | | | | | | | | | | |
| Exceptions | | | | | | | | | | | |
| All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Resolution | | | | | | | | | | | |
| | 2/20/4 | 4 \ | | | | | | | | | |

Practitioner: (Updated 03/28/11)
1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.

| If errors are found in protected fields, deny the pending payment request using code 0098 and dis- |
|---|
| position indicator D. |
| 2. If 2 different providers are billing for the same service, override 1253 and enter disposition O. 3. If modifier 59 conflicts with a blank or 22 modifier, override 1253. |
| 4. If modifier SG conflicts with a blank or any other modifier override with 1253 and disposition indicator O. |
| 5.If a Pharmacy (provider type 60) is billing with an "S" procedure code and modifier "59", override |
| with 1253 and disposition indicator O. |
| With 1200 and dioposition indicator C. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Edit/Audit Inquiry Results Edit 740 ESC 1254

Edit Information

| Edit Number | 740 | esc Number | 1254 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Same Procedure, Same Day, Different Modifiers | | |
|---------------|--|--|--|
| Long Desc | Same Procedure, Same Day, Different Modifiers | | |
| Edit Criteria | This edit is set if there are two claims that meet the following criteria: Same enrollee Same procedure code Different procedure modifier Same date of service Same provider Procedure codes in the range 10000 - 69999 Edit is bypassed for the following procedure modifier combinations between the two claims: 76 vs. not 76 91 vs. Not 91 01 - 18 vs. 01 - 18 blank vs. 54, 55, 56 Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different See Value Set "PROC 0740/1254". | | |
| | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|------------------|
| | | 101101011 2 0110 |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 100 | PEND |
| | 100 | PEND |
| EMC | 100 | PEND |
| | 100 | PEND |
| Adjustment | 100 | PEND |
| | 100 | PEND |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Refer to the resolution instructions for edit 0740/0740. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 740 ESC 1255

Edit Information

| Edit Number | 740 | esc Number | 1255 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Same Procedure, Same Day, Different Modifiers | | |
|---------------|--|--|---|
| | · | | |
| Long Desc | Same Procedure, Same Day, Different Modifiers | | _ |
| Edit Criteria | This edit is set if there are two claims that meet the following criteria: Same enrollee Same procedure code Different procedure modifier Same date of service Different provider Procedure codes in the range 10000 - 69999 Edit is bypassed for the following valid procedure modifier combinations between the two claims: 80, 81, 82 vs. not 80, 81, 82 47, 23 vs. not 47, 23 77 vs. not 77 91 vs. not 91 TC vs. 26, 52 blank vs. 54, 55, 56 SG vs. not SG Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different See Value Set "PROC 0740/1255". Different from current system: This is a new edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

| Program | Indicator | S | |
|---------|-----------|---|--|
| | | | |

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 100 | PEND |
| | 100 | PEND |
| EMC | 100 | PEND |
| | 100 | PEND |
| Adjustment | 100 | PEND |
| | 100 | PEND |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Edit 1255

Practitioner:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and dis-

| position indicator D. 2 .If modifier is 22 vs. any other modifier or blank, override 1255 3. Modifier SG vs. any other modifier or blank, override 1255 |
|---|
| 4. Provider type 049 vs. any other provider type, override 1255 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Edit/Audit Inquiry Results Edit 934 ESC 1256

| - 114 | | 4.0 |
|-------|--------|--------|
| L-Ait | Intorn | nation |
| | | |

| Edit Number | 934 | esc Number | 1256 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Umbrella Audit - Postpartum Visits, Same Provider |
|------------|--|
| Long Desc | Postpartum visits are not payable within 60 days of delivery |
| | Procedure codes 59400 through 59622 are not payable 60 days before 99201 through 99215 if billed by the same provider. If billed, set the edit. See Value Set "PROC 0934/1256". |
| | Different from current system: This is a new edit. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | | l |
|---------------------|--------------------|---------------|--|---|
|---------------------|--------------------|---------------|--|---|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 6 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

None

Resolution

If any claims pend for 1256, override the edit with 1256 and Disposition indicator O.

Edit/Audit Inquiry Results Edit-203 ESC-1257

| | -11 | _ | _ | | | | _ | _ | | | | |
|--|-------------------|---|-------|------|--------------|----------------|-------|----------------|------------|------|---|----------|
| Edit Inform | nation | | | | | | | | | | | |
| Edit Number | 203 | | | es | c Number | 1257 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | Exceed | Exceeds Two Service Units Per Day | | | | | | | | | | |
| Long Desc | Exceed | s Tw | 10 Se | ervi | ce Units Per | Day | | | | | | |
| Edit Criteria | | a payment request for any of the following procedure codes results in ore than two service units per day, set the edit. | | | | | | | | | | |
| | See Val codes. | ue S | Sets' | '02 | 03/1257 001 | " thru "0203/1 | 257 r | nnn" 1 | for proce | dure | | |
| General In | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | ny | Ind | | Υ | Ove | erride Ind | | ١ | ′ |
| PrtRA Ind | | Υ | PA | O/ | erride Ind | | | Cor | mpound l | nd | | |
| Туре | | L | Pri | orit | У | | 0 | Recycle Days 0 | | | |) |
| HIPAA esc | | | Cu | tBa | ack Ind | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Υ | , | | SLH | | | | TDO |) | | |
| FAMIS | | Y | , | | Assessment | S | | | | | | |
| Claim Type | 9 | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | alth | | | Outpatie | ent | | |
| Physician | | | | | Personal C | Care | | | Laborat | ory | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inforr | nation | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | ositio | n/P | enc | l L | ocation C | Codes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1257

Edit/Audit Inquiry Results Edit 203 ESC 1258

| Edit Inform | otion | | | | | _ | _ | | | _ | _ | | | |
|--|-------------------|-----------------------------------|-----|-------|----------|---------------|--------------------------------|-----|--------|----------------|----------|-------------|---|--|
| | | | | | _ | | 14050 | | 1000 | | | | | |
| Edit Number | 203 | | | E | SC | Number | 1258 | IN | ICPL | P Code | 1 | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Exceeds | ceeds Three Service Units Per Day | | | | | | | | | | | | |
| Long Desc | Exceeds | s TI | hre | e Se | erv | rice Units Pe | r Day | | | | | | | |
| Edit Criteria | | | | | | • | e following pr day, set the | | dure c | codes re | sults in | | | |
| | | | | | | • | 3, | | | | | | | |
| | See Val codes. | ue | Se | ts "0 | 20 |)3/1258 001' | " thru "0203/1 | 258 | nnn" 1 | for proce | edure | | | |
| General In | dicato | rs | | | | | | | | | | | | |
| Reject Ind | | | | Den | y I | nd | | Υ | Ove | erride In | d | \ \ \ | Y | |
| PrtRA Ind | | Υ | | PA (| Οv | erride Ind | | | Cor | npound | Ind | | | |
| Туре | | L | I | Prio | rity | / | | 0 | Red | Recycle Days 0 | | | | |
| HIPAA esc | | | | Cut | 3a | ck Ind | | | | | | | | |
| Program Ir | ndicato | ors | ; | | | | | | | | | | | |
| Medicaid | | T | Y | | (| SLH | | | | TD | 0 | | | |
| FAMIS | | 1 | Y | | 1 | Assessment | S | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | | |
| Dental | | | | \ | <u> </u> | Pharmacy | | | | Inpatient | | | | |
| Nursing | | | | | | Home Hea | ılth | | | Outpati | ent | | | |
| Physician | | | | | | Personal C | Care | | | Labora | tory | | | |
| Transportation | า | | | | | Xover A | | | | Xover E | 3 | | | |
| Cap Pay | | | | | | Man Fee | | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | | | |
| Media/Disp | ositio | n/l | Pe | nd | L | ocation C | odes | | | | | | | |
| Media | | | | | | LOC | | Dis | sp | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1258:

Edit/Audit Inquiry Results Edit-203 ESC-1259

| Edit Inform | ation | - | | i | _ | _ | | | _ | _ | | |
|--|-------------------|------------------------------------|------|------|--------------|---------------------------------------|-------|----------------|------------|---------|---|---|
| | | | | | | 1.000 | ١., | | | | | |
| Edit Number | 203 | | | es | c Number | 1259 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | Exceeds | Exceeds Four Service Units Per Day | | | | | | | | | | |
| Long Desc | Exceeds | ceeds Four Service Units Per Day | | | | | | | | | | |
| Edit Criteria | | | | | • | e following produced the e | | ure c | odes resi | ults in | | |
| | | | | | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| | See Val codes. | ue S | ets" | 020 | 03/1259 001' | ' thru "0203/12 | 259 r | nnn" f | or proced | dure | | |
| General Inc | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | ny | Ind | | Υ | Ove | rride Ind | | Y | Y |
| PrtRA Ind | | Υ | PA | О١ | erride Ind | | | Cor | npound li | nd | | |
| Туре | | L | Pri | orit | у | | 0 | Recycle Days 0 | | | |) |
| HIPAA esc | | | Cu | tBa | ack Ind | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Υ | | | SLH | | | | TDC |) | | |
| FAMIS | | Υ | | | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | ılth | | | Outpatient | | | |
| Physician | | | | | Personal C | Care | | | Laborato | ory | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | ositio | n/P | end | E | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | • | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1259:

Edit/Audit Inquiry Results Edit-203 ESC-1260

| | | | | _ | | | | | | | | |
|--|-------------------|--|---------|------|--------------|----------------|-------|----------------|------------|------|---|---|
| Edit Inform | nation | | | | | | | | | | | |
| Edit Number | 203 | | | es | c Number | 1260 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc | Exceeds | s Fiv | ve Se | ervi | ce Units Per | Day | | | | | | |
| Long Desc | Exceeds | s Fiv | ve Se | ervi | ce Units Per | Day | | | | | | |
| Edit Criteria | | If a payment request for any of the following procedure codes results in more than five service units per day, set the edit. | | | | | | | | | | |
| | See Val codes. | ue S | Sets | "02 | 03/1260 001 | " thru "0203/1 | 260 r | nnn" f | or proced | dure | | |
| General In | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | eny | Ind | | Υ | Ove | erride Ind | | Y | 1 |
| PrtRA Ind | | Υ | P.A | A O | verride Ind | | | Cor | npound li | nd | | |
| Туре | | L | Pr | iori | ty | | 0 | Recycle Days 0 | | |) | |
| HIPAA esc | | | Cι | ıtBa | ack Ind | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Y | , | | SLH | | | | TDC |) | | |
| FAMIS | | Υ | ′ | | Assessment | S | | | | | | |
| Claim Type | 9 | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | alth | | | Outpatie | nt | | |
| Physician | | | | | Personal C | Care | | Laboratory | | | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | Cap Pay | | Man Fee | | | Admin | | | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | _ | _ | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1260:

Edit/Audit Inquiry Results Edit-203 ESC-1261

| - 104 | | 40 | |
|-------------|-------------------------|-----|-------|
| Edit | <u>orm</u> | ati | Λn |
| | 4 / 1 | | W 4 1 |

| Edit Number | 203 | esc Number | 1261 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Exceeds Nine Service Units Per Day | | |
|------------|--|--|--|
| Long Desc | Exceeds Nine Service Units Per Day | | |
| | If a payment request for any of the following procedure codes results in more than nine service units per day, set the edit. | | |
| | See Value Set "0203/1261 001" for procedure codes | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

Date Information

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |

| Encounter | | 0 | |
|-----------|-----|------|--|
| | 217 | PEND | |
| PA | | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1261:

Edit/Audit Inquiry Results Edit 203 ESC 1262

| Edit Information | | | | | | | | | | | | |
|--|--------------------|---|---------|------------|---------------|---------------|------------|--------------|-----------|----|---|---|
| Edit Number | 203 | | | es | c Number | 1262 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc Exceeds 20 Service Units Per Day | | | | | | | | | | | | |
| Long Desc | Exceeds | cceeds 20 Service Units Per Day | | | | | | | | | | |
| Edit Criteria | more th | a payment request for any of the following procedure codes results in nore than twenty service units per day, set the edit. | | | | | | | | | | |
| | See Val | ue S | Set "C |)20 | 3/1262 001"1 | for procedure | code | es. | | | | |
| General In | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | ny | Ind | | Υ | Ove | rride Ind | | ` | Y |
| PrtRA Ind | | Υ | PA | O | verride Ind | | | Con | npound Ir | nd | | |
| Туре | | L | Pri | Priority (| | | 0 | Recycle Days | | | (|) |
| HIPAA esc Cu | | | tBa | tBack Ind | | | | | | | | |
| Program Ir | Program Indicators | | | | | | | | | | | |
| Medicaid | | Y | , | | SLH | | | | TDO | | | |
| FAMIS | | Y | , | | Assessments | S | | | | | | |
| Claim Type | 9 | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Hea | | Outpatient | | | | | |
| Physician | | | | | Personal Care | | | Laboratory | | | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | Man Fee | | | Admin | | | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | ositio | n/P | enc | l L | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1262:

Edit/Audit Inquiry Results Edit-203 ESC-1263

| Edit Inform | ation | | | | | | | | | | | |
|---|---------------------------------------|--|-----|-------------|---------------|------|-----|----------------|------------|----|---|---|
| Edit Number | 203 | | | esc | c Number | 1263 | N | CPD | P Code | | | |
| | | | | | | | | | | | | |
| Short Desc Exceeds Five Service Units Per Thirty Days | | | | | | | | | | | | |
| Long Desc | Exceed | xceeds Five Service Units Per Thirty Days | | | | | | | | | | |
| Edit Criteria | | a payment request for any of the following procedure codes results in ore than five service units per thirty days, set the edit. | | | | | | | | | | |
| | See Val codes. | ee Value Set "0203/1263 001" thru "0203/1263 nnn" for procedure odes. | | | | | | | | | | |
| General In | General Indicators | | | | | | | | | | | |
| Reject Ind | | | De | ny l | Ind | | Υ | Ove | erride Ind | | Y | 1 |
| PrtRA Ind | | Υ | PA | Ov | erride Ind | | | Cor | npound Ir | nd | | |
| Туре | | L | Pri | Priority | | | 0 | Recycle Days 0 | | |) | |
| HIPAA esc | | | Cu | tBa | ick Ind | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Υ | , | , | SLH | | | | TDO | | | |
| FAMIS | | Υ | • | Assessments | | | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | Inpatient | | | |
| Nursing | | | | | Home Health | | | Outpatient | | | | |
| Physician | | | | | Personal Care | | | Laboratory | | | | |
| Transportation | 1 | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disp | Media/Disposition/Pend Location Codes | | | | | | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | _ | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1263:

Edit/Audit Inquiry Results Edit-203 ESC-1264

Edit Information

| Edit Number | 203 | esc Number | 1264 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Exceeds Two Service Units Per Thirty Days | | |
|------------|---|--|--|
| Long Desc | Exceeds Two Service Units Per Thirty Days | | |
| | If a payment request for any of the following procedure codes results in more than two service units per 30 days, set the edit. | | |
| | See Value Sets "0203/1264 001" thru "0203/1264 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | · | | |

Date Information

| Effective Date Code | DOS Effective Da | te Revision Date |
|---------------------|------------------|------------------|
|---------------------|------------------|------------------|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1264:

Edit/Audit Inquiry Results Edit-203 ESC-1265

| Edit Information | | | | | | | | | | | | |
|--|-------------------|------|-------------|----------|---------------|--|--------|------------|----------------|---------|---|---|
| Edit Number 203 esc Number 1265 NCPDP Code | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Short Desc | Exceed | s Th | ree S | Ser | vice Units Pe | r Thirty Days | | | | | | |
| Long Desc | Exceed | s Th | ree S | Ser | vice Units Pe | r Thirty Days | | | | | | |
| Edit Criteria | | | | | • | e following professions thirty days, s | | | | ults in | | |
| | See Val codes. | ue S | Set "C |)20 | 3/1265 001" | thru "0203/12 | 265 nı | nn" fo | or proced | ure | | |
| General In | dicato | rs | | | | | | | | | | |
| Reject Ind | | | De | ny | Ind | | Υ | Ove | erride Ind | | Y | 1 |
| PrtRA Ind | Y PA | | | νOν | erride Ind | | | Coı | mpound I | nd | | |
| Туре | L Pri | | | Priority | | | 0 | Red | Recycle Days 0 | | |) |
| HIPAA esc Cut | | | CutBack Ind | | | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | |
| Medicaid | | Υ | | | SLH | | | | TDC |) | | |
| FAMIS | | Υ | | | Assessment | S | | | | | | |
| Claim Type | 9 | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | Inpatient | | | | |
| Nursing | | | | | Home Health | | | Outpatient | | | | |
| Physician | | | | | Personal Care | | | Laboratory | | | | |
| Transportation | า | | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | | Man Fee | | | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | |
| Media | | | | | LOC | | Dis | р | | | | |
| | | | | | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1265:

Edit/Audit Inquiry Results Edit-203 ESC-1266

| Edit Information | | | | | | | | | | | | | | |
|--|---|---|------|---------------|---------------|--------------|---------------------------|-------|---------|------------|---------|----------|-----|----|
| Edit Number | 203 | | (| esc Number 12 | | 1266 | | NCPDP | | Code | | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Short Desc Exceeds Four Service Units Per Thirty Days | | | | | | | | | | | | | |
| Long Desc | Excee | xceeds Four Service Units Per Thirty Days | | | | | | | | | | | | |
| Edit Criteria | four se | ervi | се เ | ınits | pe | r thirty day | the followings, set the e | edit. | | | | | | an |
| | <u> </u> | | | et "U | 1203 | 3/1266 001 | 1" thru "020 | J3/12 | 00 N | inn tor | procea | ure code | es. | |
| General Indicators | | | | | | | | | | | | | | |
| Reject Ind Der | | | Der | | | | | Υ | Overr | ide Ind | | | Υ | |
| PrtRA Ind | | Υ | | | | erride Ind | | | | <u> </u> | ound Ir | | | _ |
| Туре | | L | | | 7 | | | 0 | Recyc | le Day | S | | 0 | |
| HIPAA esc | | | | Cut | Bac | k Ind | | | | | | | | |
| Program In | dicat | ors | 3 | | | | | | | | | | | |
| Medicaid | | | Υ | | S | SLH | | | TDO | | | | | |
| FAMIS | | | Υ | | А | Assessments | | | | | | | | |
| Claim Type | | | | | | | | | | | | | | |
| Dental | | | | 1 | Υ | Pharmacy | | | | In | patient | | | |
| Nursing | | | | | Home Health | | | | | Outpatient | | | | |
| Physician | | | | | Personal Care | | | | | Laboratory | | | | |
| Transportation | | | | | Xover A | | | | Xover B | | | | | |
| Cap Pay | | | | Man Fee | | | | | Admin | | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | | | |
| Effective Date Code DOS Effective Date Revision Date | | | | | | | | | | | | | | |
| Media/Disp | ositic | on/ | Pe | nd | Lo | ocation (| Codes | | | | | | | |
| Media | Media | | | | | LOC | | | Dis | р | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

| Program | Program Title |
|---------|--|
| CPA410 | History Utilization Review (U/R) Edits |

Exceptions

None

Resolution

Edit 1266:

Edit/Audit Inquiry Results Edit 1267 ESC 1267

Edit Information

| Edit Number | 1267 | esc Number | 1267 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | EAPG Same Significant Procedure Con |
|---------------|---|
| Long Desc | EAPG Same Significant Procedure Consolidation |
| Edit Criteria | This edit is set on claims as a result of EAPG Same significant procedure consolidation. |
| | This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|---|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | Υ |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Lifective Date Code DOS Lifective Date 4/3/2010 Revision Date | Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date |
|--|---------------------|-----|----------------|----------|---------------|
|--|---------------------|-----|----------------|----------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.

DENY is changed to EOB by program CPA417Cl and CPA417VA

Resolution

(None)

Edit Information

| Edit Number | 1268 | esc Number | 1268 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | EAPG Clinical Significant Procedure Cons |
|---------------|---|
| Long Desc | EAPG Clinical Significant Procedure Consolidation |
| Edit Criteria | This edit is set on claims as a result of EAPG Clinical significant procedure consolidation. |
| | This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|---|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | Υ |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.

DENY is changed to EOB by program CPA417CI and CPA417VA

Resolutio<u>n</u>

(None)

| - 114 | | 4.5 |
|-------|--------|--------|
| Lat | Intorr | nation |
| | | |

| Edit Number | 1269 | esc Number | 1269 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | EAPG Multiple Significant Pcedure |
|---------------|---|
| Long Desc | EAPG Multiple Significant Pcedure Discounting |
| Edit Criteria | This edit is set on claims as a result of EAPG Multiple significant procedure discounting. |
| | This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|---|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | Υ |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

|--|

Media/Disposition/Pend Location Codes

| Media LOC Disp |
|--------------------|
|--------------------|

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.

DENY is changed to EOB by program CPA417Cl and CPA417VA

Resolution

(None)

| E 114 | | 4.0 |
|-------|--------|-------|
| L-Ait | Intorm | ation |
| Lulu | Inform | auvii |

| Edit Number | 203 | esc Number | 1270 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Thirty-Six Months Same Provider or Site | | | | | | |
|---------------|--|--|--|--|--|--|--|
| Long Desc | One Service Unit Per Thirty-Six Months Same Provider or Site | | | | | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | | | | | |
| | See Value Sets "0203/1270 001" thru "0203/1270 nnn" for procedure codes. | | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | 200 | DENY | |
| Adjustment | 200 | PEND | |
| | 200 | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

CT 11 will always pend to location 200 for both attachment and no attachment. This edit was turned off for claim type 05 on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

| - 114 I | | 4.5 |
|---------|--------|--------|
| L-dit | Intorn | nation |
| | | |

| Edit Number | 203 | esc Number | 1271 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Unit Per Thirty-Six Months Same Provider or Site | | |
|---------------|---|--|--|
| Long Desc | Two Service Unit Per Thirty-Six Months Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units pe thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1271 001" thru "0203/1271 nnn" for procedure | | |
| | codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/P | end Location Codes | 5 | |
|---------------------|--------------------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |

PEND

Programs

(None)

PA

Exceptions

None

Resolution

| - 114 I | | 4.5 |
|---------|--------|--------|
| L-dit | Intorn | nation |
| | | |

| Edit Number | 203 | esc Number | 1272 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Four Service Unit Per Thirty-Six Months Same Provider or Site | | |
|---------------|---|--|--|
| Long Desc | Four Service Unit Per Thirty-Six Months Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than four service units per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1272 001" thru "0203/1272 nnn" for procedure | | |
| | codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Loca | Media/Disposition/Pend Location Codes | | | | |
|-----------------------------|---------------------------------------|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 200 | PEND | | | |
| | 200 | DENY | | | |
| EMC | 200 | PEND | | | |
| | 200 | DENY | | | |
| Adjustment | 200 | PEND | | | |
| | 200 | DENY | | | |
| POS | | PAY | | | |
| Encounter | | 0 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

Programs

(None)

Exceptions

None

Resolution

| | | 4 |
|------|------|--------|
| D 30 | ntar | mation |
| 11.5 | шч | mation |

| Edit Number | 203 | esc Number | 1273 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Eight Service Units Per Forty-Seven Months Same Provider or Site | | |
|------------|--|--|--|
| Long Desc | Eight Service Units Per Forty-Seven Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than eight service units per forty-seven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1273 001" thru "0203/1273 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Υ | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | · | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|
| Media | LOC | Disp | | | | | |
| Paper | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| EMC | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| Adjustment | 200 | PEND | | | | | |
| | 200 | DENY | | | | | |
| POS | | PAY | | | | | |
| Encounter | | 0 | | | | | |
| Special Batch | 217 | PEND | | | | | |
| PA | | PEND | | | | | |

(None)

Exceptions

None

Resolution

| Edit Inform | nation | | | | | | | | | | | | |
|--|----------|---|------|---------|----------|-------------|---|-----------|------------|----------|------|---|---|
| Edit Number | 203 | | es | sc Nun | nber | 1274 | | N | CPDP Co | de | | | |
| | | | • | | | | | | | | | | |
| Short Desc One Service Unit Per Fifty-Eight Months | | | | | | | | | | | | | |
| Long Desc | One Ser | ne Service Unit Per Fifty-Eight Months | | | | | | | | | | | |
| Edit Criteria | more tha | a payment request for any of the following procedure codes results in ore than one service unit per fifty-eight rolling months, set the edit. ee Value Sets "0203/1274 001" thru "0203/1274 nnn" for procedure | | | | | | | | | | | |
| | codes. | | | | | | | | | | | Ш | |
| General In | dicato | rs | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | | | Υ | Override | Ind | | Y | / |
| PrtRA Ind | | Υ | PAC | Overrio | de Ind | | | | Compou | nd Ind | | | |
| Туре | | L | Prio | riority | | | | Recycle [| Days | | 0 |) | |
| HIPAA esc | | | CutE | Back Ir | nd | | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | - | ΓDO | | | |
| FAMIS | | Υ | | Asse | ssment | S | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | |
| Dental | | | Υ | Pha | armacy | | | | Inpa | tient | | | |
| Nursing | | | | Но | me Hea | alth | | | Outpatient | | | | |
| Physician | | | Y | Per | rsonal C | Care | | | Laboratory | | | | |
| Transportation | า | | | Xov | ver A | | | | Xover B | | | | |
| Cap Pay | | | | Ма | n Fee | | | | Adm | in | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | |
| Effective Date | Code | | | DO | OS Effe | ective Date | е | | Re | vision [| Date | | |
| Media/Disp | ositio | n/Pe | nd l | Loca | tion C | Codes | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | |
| | | | | | 1 | | | | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| 1 - 6 | |
|-------|--------|
| | mation |
| | шашон |
| | |

| Edit Number | 203 | esc Number | 1275 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Sixty Months Same Provider or Site | | |
|------------|---|--|--|
| Long Desc | One Service Unit Per Sixty Months Same Provider or Site | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per sixty rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1275 001" thru "0203/1275 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS Effective Date Revision Date | Effective Date Code | DOS | Effective Date | Revision Date | |
|--|---------------------|-----|----------------|---------------|--|
|--|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | 200 | DENY |
| EMC | 200 | PEND |
| | 200 | DENY |
| Adjustment | 200 | PEND |
| | 200 | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

CT 11 will always pend. This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

| Edit lafe wa | - 4! au | _ | _ | | | _ | _ | _ | | | |
|---|----------|--------|--------|------------------|------------------|-------|-----------|---------|---------|---|---|
| Edit Inform | | | | | | _ | | | | | |
| Edit Number | 203 | | e | sc Number | 1276 | N | CPDP | Code | | | |
| | | | | | | | | | | | |
| Short Desc Two Service Units Per Sixty Months | | | | | | | | | | | |
| Long Desc | Two Ser | vice l | Jnits | Per Sixty Mo | nths | | | | | Ш | |
| Edit Criteria | | | • | • | ne following pro | | | | ılts in | | |
| | more tha | ın two | serv | rice units per s | sixty rolling mo | กเกร | , set the | e eait. | | | |
| | See Valu | ue Se | ts "02 | 203/1276 001 | " thru "0203/12 | 276 r | nnn" for | proced | lure | | |
| General Indicators | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | Υ | Overri | de Ind | | Y | , |
| PrtRA Ind | | Υ | PA (| Override Ind | | | Comp | ound In | d | | |
| Туре | | L | Prio | | | | Recyc | le Days | | 0 | , |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | | | |
| FAMIS | | Υ | | Assessment | ts | | | | | | |
| Claim Type | 9 | | | | | | | | | | |
| Dental | | | Υ | Pharmacy | 1 | | In | patient | | | |
| Nursing | | | | Home Hea | alth | | 0 | utpatie | nt | | |
| Physician | | | Y | | Care | | | aborato | ry | | |
| Transportation | 1 | | | Xover A | | | | over B | | | |
| Cap Pay | | | | Man Fee | | | A | dmin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | | Revisio | n Date | | |
| Media/Disp | ositio | n/Pe | nd l | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | I | | | | | | | |

| Paper | 200 | PEND | |
|---------------|-----|------|--|
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and no attachment with an effective date of 1/1/1990.

Resolution

| Edit Inform | ation | | | | | | | | | | |
|---|--------------|-------|----------|---------------|--------------------------------------|-------|--------|-----------|---------|---|---|
| Edit Number | 203 | | е | sc Number | 1277 | N | CPD | P Code | | | |
| | | | | | | | | | | | |
| Short Desc Four Service Unit Per Sixty Months | | | | | | | | | | | |
| Long Desc | Four Se | rvice | Unit | Per Sixty Mor | nths | | | | | | |
| Edit Criteria | | | | • | he following pro sixty rolling mo | | | | ults in | | |
| | See Valu | ue Se | ets "0 | 203/1277 001 | " thru "0203/12 | ?77 r | nnn" f | or proced | lure | | |
| General Indicators | | | | | | | | | | | |
| Reject Ind | | | Der | ıy Ind | | Υ | Ove | rride Ind | | Y | ′ |
| PrtRA Ind | | Υ | PA | Override Ind | | | Com | pound In | ıd | | |
| Туре | | L | Prio | rity | | | Recy | ycle Days | 3 | 0 |) |
| HIPAA esc | | | Cut | Back Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | TDO | 1 | | |
| FAMIS | | Υ | | Assessmen | ts | | | | | | |
| Claim Type |) | | | | | | | | | | |
| Dental | | | ١ | / Pharmacy | / | | | Inpatient | | | |
| Nursing | | | | Home He | alth | | | Outpatie | nt | | |
| Physician | | | <u> </u> | / Personal | Care | | | Laborato | ry | | |
| Transportation | 1 | | | Xover A | | | | Xover B | | | |
| Cap Pay | | | | Man Fee | | | | Admin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | |
| Effective Date | Code | | | DOS Eff | ective Date | | | Revisio | n Date | | |
| Media/Disp | osition | n/Pe | nd | Location (| Codes | | | | | | |
| Media | | | | LOC | | Dis | р | | | | |
| | | | | | | _ | | | | | |

| Paper | 200 | PEND |
|---------------|-----|------|
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | PEND |
| | | |

(None)

Exceptions

None

Resolution

| | | 4 |
|------|------|--------|
| D 30 | ntar | mation |
| 11.5 | шч | mation |

| Edit Number | 203 | esc Number | 1278 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc Six Service Unit Per Eighty-Three Months Same Provider or Site | | | | | | |
|---|---|--|--|--|--|--|
| Long Desc | Six Service Unit Per Eighty-Three Months Same Provider or Site | | | | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than six service unit per eighty-three rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1278 001" thru "0203/1278 nnn" for procedure | | | | | |
| | codes. | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Loca | tion Codes | | |
|-----------------------------|------------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | 200 | DENY | |
| EMC | 200 | PEND | |
| | 200 | DENY | |
| Adjustment | 200 | PEND | |
| | 200 | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

None

Resolution

| | | | 4.0 | |
|------|------|-------|-----|----|
| п 🔳 | Info | 12100 | 211 | on |
| | IIII | | | |

| Edit Number | 203 | esc Number | 1279 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Six Service Units Per Ninety-Six Months Same Provider or Site | | |
|---------------|---|--|--|
| Long Desc | Six Service Units Per Ninety-Six Months Same Provider or Site | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than six service units per ninety-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | |
| | See Value Sets "0203/1279 001" thru "0203/1279 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | TDO | |
|----------|-----|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|--|
| Media | LOC | Disp | | | | | | |
| Paper | 200 | PEND | | | | | | |
| | 200 | DENY | | | | | | |
| EMC | 200 | PEND | | | | | | |
| | 200 | DENY | | | | | | |
| Adjustment | 200 | PEND | | | | | | |
| | 200 | DENY | | | | | | |
| POS | | PAY | | | | | | |
| Encounter | | 0 | | | | | | |
| Special Batch | 217 | PEND | | | | | | |
| PA | | PEND | | | | | | |

Programs

(None)

Exceptions

None

Resolution

| Edit Inform | ation | | | | | | | | | | | |
|--|----------|---|--------|------|--------------|-----------------|-------|------------|----------|--------|---|---|
| Edit Number | 203 | | (| esc | Number | 1280 | N | CPDF | Code | | | |
| | | | | | | | | | | | | |
| Short Desc Two Service Units Per Thirty-Six Months | | | | | | | | | | | | |
| Long Desc | Two Ser | vo Service Units Per Thirty-Six Months | | | | | | | | | | |
| Edit Criteria | | a payment request for any of the following procedure codes results in ore than two service units per thirty-six rolling months, set the edit. | | | | | | | | | | |
| | See Valu | ue Se | ets "(| 020 | 03/1280 001' | " thru "0203/12 | 280 r | nn" fo | r proced | lure | | |
| General Inc | dicator | 'S | | | | | | | | | | |
| Reject Ind | | | De | ny | Ind | | Υ | Overr | ide Ind | | Y | 1 |
| PrtRA Ind | | Υ | РА | ٠O١ | verride Ind | | | Comp | oound In | ıd | | |
| Туре | | L | Pri | orit | У | | | Recy | cle Days | 3 | C |) |
| HIPAA esc | | | Cu | tBa | ack Ind | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | - | SLH | | | | TDO | 1 | | |
| FAMIS | | Υ | | 1 | Assessment | S | | | | | | |
| Claim Type |) | | | | | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | l | npatient | | | |
| Nursing | | | | | Home Hea | ılth | | Outpatient | | | | |
| Physician | | | | Υ | Personal C | Care | | Laboratory | | | | |
| Transportation | 1 | | | | Xover A | | | \ | Kover B | | | |
| Cap Pay | | | | | Man Fee | | Admin | | | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Inform | nation | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Date | | | Revisio | n Date | | |
| Media/Disp | osition | n/Pe | end | L | ocation C | odes | | | | | | |
| Media | | | | | LOC | | Dis | p | | | | |
| | | | | | | | | | | | | |

| | 000 | D=115 | |
|---------------|-----|-------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

This edit was turned off for claim type 05 on 4/15/2004; it had been set to pend for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and no attachment with an effective date of 1/1/1990.

Resolution

| - 114 | | 4.0 |
|-------|--------|--------|
| L-Ait | Intorn | nation |
| | | |

| Edit Number | 745 | esc Number | 1281 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Eight Service Units Per Month - Pend - PA Override |
|---------------|--|
| Long Desc | Review of Service Frequency - PA Override |
| Edit Criteria | If a payment request for any of the following procedures results in more than eight service units per rolling month and there is no PA on the PA File for the service, set the edit. |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. |
| | See Value Sets "0745/1281 001" thru "0745/1281 nnn" for procedure codes. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | | SLH | TDO | |
|----------|---|--------|-------|-----|--|
| FAMIS | Υ | Assess | ments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS Effective Date Revision Date | |
|---|-----|
| Media LOC Disp Paper 200 PEND DENY DENY EMC 200 PEND DENY DENY POS DENY Encounter Special Batch 217 PEND PA PEND Programs (None) Exceptions None Resolution | |
| Paper 200 PEND DENY DENY Adjustment 200 PEND DENY DENY POS DENY Encounter Special Batch 217 PA PEND Programs (None) Exceptions None Resolution | |
| DENY | |
| EMC 200 PEND DENY DENY Adjustment 200 PEND DENY DENY POS Encounter Special Batch 217 PEND PA PEND Programs (None) Exceptions None | |
| DENY | |
| Adjustment 200 PEND DENY POS Encounter PEND Special Batch 217 PEND PA PEND Programs (None) Exceptions None Resolution | |
| POS Encounter Special Batch PA Programs (None) Exceptions None | |
| POS Encounter Special Batch PA PEND Programs (None) Exceptions None Resolution | |
| Encounter Special Batch PA PEND Programs (None) Exceptions None Resolution | |
| Special Batch PA PEND Programs (None) Exceptions None Resolution | |
| PA PEND Programs (None) Exceptions None Resolution | |
| Programs (None) Exceptions None Resolution | |
| (None) Exceptions None Resolution | _ |
| Exceptions None Resolution | |
| None Resolution | |
| None Resolution | |
| Resolution | |
| | |
| Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or de | |
| | nv |
| | ,y. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Edit/Audit Inquiry Results Edit-745 ESC-1282

Edit Information

| Edit Number | 745 | esc Number | 1282 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | 1 | |
|------------|--|---|--|
| Short Desc | One Service Unit Per Two Months - Pend - PA Override | | |
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than one service unit per two rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1282 001" thru "0745/1282 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Media/Disposition/Pend Loca Media Paper EMC Adjustment POS Encounter Special Batch PA Programs (None) Exceptions | 200 200 217 | Disp PEND DENY PEND DENY PEND DENY PEND DENY PEND DENY | |
|--|---------------------|--|-----------------------|
| Paper EMC Adjustment POS Encounter Special Batch PA Programs (None) | 200 | PEND DENY PEND DENY PEND DENY PEND DENY | |
| EMC Adjustment POS Encounter Special Batch PA Programs (None) | 200 | DENY PEND DENY PEND DENY PEND | |
| Adjustment POS Encounter Special Batch PA Programs (None) | 200 | PEND DENY PEND DENY PEND | |
| Adjustment POS Encounter Special Batch PA Programs (None) | 200 | DENY PEND DENY PEND | |
| POS Encounter Special Batch PA Programs (None) | | PEND DENY PEND | |
| POS Encounter Special Batch PA Programs (None) | | DENY | |
| Encounter Special Batch PA Programs (None) | 217 | PEND | |
| Encounter Special Batch PA Programs (None) | 217 | | |
| Special Batch PA Programs (None) | 217 | | |
| PA Programs (None) | 217 | | |
| Programs (None) | | DEND | |
| (None) | | PEND | |
| | | | |
| Excentions | | | |
| - A T - T - T - T - T - T - T - T - T - | | | |
| 8/3/2004 for claim type 05 to pend to locan effective date of 1/1/1990. Resolution | cation 200 for atta | achment and to deny to | or no attachment with |
| Refer to the resolution instructions for e | edit 0745/0745 L | Ise the ESC number to | override or deny |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1283 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Three Service Units Per Two Months - Pend - PA Override | | |
|------------|---|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than three service units per two rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0745/3283 001" thru "0745/3283 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | | | .,, |
|---|--------------------------|--------------------|----------------------|
| Effective Date Code | DOS Effective D | ate Rev | vision Date |
| Media/Disposition/Pend | Location Codes | | |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| 200 | | DENY | |
| POS | | | |
| Encounter Consciol Patch | 047 | DEND | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| Resolution Refer to the resolution instruction | ns for edit 0745/0745. l | Jse the ESC number | to override or deny. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-745 ESC-1284

Edit Information

| Edit Number | 745 | esc Number | 1284 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Four Service Units Per Two Months - Pend - PA Override | | |
|------------|---|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than four service units per two rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all | | |
| | been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1284 001" thru "0745/1284 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | | 0 | П |
|--|-----------------------|-------------------------|-------------|
| | OS Effective Date | Revision Dat | e |
| Media/Disposition/Pend Loca | tion Codes | | |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | 0.47 | DEND | |
| Special Batch | 217 | PEND | |
| PA | 1 | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| claim type 05 with an attachment and to 8/3/2004 for claim type 05 to pend to loo an effective date of 1/1/1990. Resolution | | | |
| | | | |
| Refer to the resolution instructions for e | dit 0745/0745. Use th | e ESC number to overric | le or deny. |
| | | | |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1285 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Five Service Units Per Two Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than five service units per two rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1285 001" thru "0745/1285 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | | | 11 |
|--------------------------------------|-----------------------|-----------------------|---------------------|
| Effective Date Code | DOS Effective [| Date Revi | sion Date |
| Media/Disposition/Pend | Location Codes | 6 | |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| Resolution | | | |
| | | | |
| Refer to the resolution instructions | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instructions | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instructions | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instructions | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |
| Refer to the resolution instruction: | s for edit 0745/0745. | Use the ESC number to | o override or deny. |

Edit Information

| Edit Number | 745 | esc Number | 1286 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Three Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than one service unit per three rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1286 001" thru "0745/1286 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | | | .,, |
|---|--------------------------|--------------------|----------------------|
| Effective Date Code | DOS Effective D | ate Rev | vision Date |
| Media/Disposition/Pend | Location Codes | | |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| 200 | | DENY | |
| POS | | | |
| Encounter Consider Rately | 047 | DEND | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| Resolution Refer to the resolution instruction | ns for edit 0745/0745. l | Jse the ESC number | to override or deny. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1287 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Six Months - Pend - PA Override | | |
|---------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per six rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1287 001" thru "0745/1287 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | | | .,, |
|---|--------------------------|--------------------|----------------------|
| Effective Date Code | DOS Effective D | ate Rev | vision Date |
| Media/Disposition/Pend | Location Codes | | |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| 200 | | DENY | |
| POS | | | |
| Encounter Consider Rately | 047 | DEND | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| Resolution Refer to the resolution instruction | ns for edit 0745/0745. l | Jse the ESC number | to override or deny. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1288 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | <i>i</i> | |
|---------------|--|----------|--|
| Short Desc | Two Service Units Per Six Months - Pend - PA Override | | |
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than two service units per six rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1288 001" thru "0745/1288 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| | | , | | | ' |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1289 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Twelve Months - Pend - PA Override | | |
|---------------|---|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per twelve rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1289 001" thru "0745/1289 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1290 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Twelve Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than two service units per twelve rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1290 001" thru "0745/1290 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1291 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Four Service Units Per Twelve Months - Pend - PA Override | | |
|---------------|---|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than four service units per twelve rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0745/1291 001" thru "0745/1291 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | | Revision Da | ate |
|--------------------------------|--------------------------------|------------|---------------|--------------|
| Madia/Diamasitian/Da | and Lagation Codes | | | |
| Media/Disposition/Pe | end Location Codes | | | |
| Media | LOC | Disp | | |
| Paper | 200 | PEND | | |
| | | DENY | | |
| EMC | 200 | PEND | | |
| | | DENY | | |
| Adjustment | 200 | PEND | | |
| | | DENY | | |
| POS | | | | |
| Encounter | | | | |
| Special Batch | 217 | PEND | | |
| PA | | PEND | | |
| None | | | | |
| Resolution | | | | |
| Refer to the resolution instru | ctions for edit 0745/0745. Use | the ESC nu | mber to overr | ide or deny. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Edit Information

| Edit Number | 745 | esc Number | 1292 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Six Service Units Per Twelve Months - Pend - PA Override | | |
|---------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than six service units per twelve rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1292 001" thru "0745/1292 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | Υ | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1293 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Twenty-Four Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than one service unit per twenty-four rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1293 001" thru "0745/1293 nnn" for procedure codes. | | |

General Indicators

| | | I | 1 | | |
|------------|---|-----------------|----|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| -, | | , | | | |
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Typo | 1 | Priority | 0 | Popula Dava | 0 |
| Туре | ∟ | PHOHILY | lo | Recycle Days | U |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1294 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Twenty-Four Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than two service units per twenty-four rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1294 001" thru "0745/1294 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1295 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Thirty-Six Months - Pend - PA Override | | |
|---------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per thirty-six rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all | | |
| | been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1295 001" thru "0745/1295 nnn" for procedure codes | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

| | • | | | |
|-----|------|-------|-----|----|
| п 🔳 | Info | 12100 | 211 | on |
| | | | | |

| Edit Number | 745 | esc Number | 1296 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per 36 Months - Pend - PA Override - Same Provider or S | 3ite | е | |
|---------------|--|------|---|--|
| Long Desc | Review of Service Frequency - PA Override | | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per 36 rolling months and there is no PA on the PA File for the service, set the edit. | | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | | |
| | For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | | |
| | See Value Sets "0745/1296 001" thru "0745/1296 nnn" for procedure codes. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | Υ | Pharmacy | Inpatient | |
|---------|---|-------------|------------|--|
| Nursing | | Home Health | Outpatient | |

| Physician | Υ | Personal Care | Laboratory | |
|----------------|---|---------------|------------|--|
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date |
|---------------------|--------------------|-------------------|
| | | 10 1101011 2 0110 |

Media/Disposition/Pend Location Codes

| Modio | 1.00 | Dian | |
|---------------|------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Edit Information

| Edit Number | 745 | esc Number | 1297 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per Thirty-Six Months - Pend - PA Override | | |
|---------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than two service units per thirty-six rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining | | |
| | authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0745/1297 001" thru "0745/1297 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | DOS Effective D | Date Revis | ion Date |
|---|------------------------|-----------------------|-------------------|
| nedia/Disposition/Pend | Location Codes | ; ; | " |
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| Programs | | | |
| None) | | | |
| Exceptions | | | |
| This edit was turned off for claim | | | |
| claim type 05 with an attachment 3/3/2004 for claim type 05 to pen an effective date of 1/1/1990. | | | |
| Resolution | | | |
| Refer to the resolution instruction | ns for edit 0745/0745. | Use the ESC number to | override or deny. |
| | | | |

Edit Information

| Edit Number | 745 | esc Number | 1298 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Sixty Months - Pend - PA Override | | |
|---------------|---|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per sixty rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0745/1298 001" thru "0745/1298 nnn" for procedure | | |
| | codes | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| | 1 | |
|---------------|-----|------|
| Media | LOC | Disp |
| Paper | 200 | PEND |
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | PEND |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

| | • | | | |
|-----|------|-------|-----|----|
| п 🔳 | Info | 12100 | 211 | on |
| | | | | |

| Edit Number | 745 | esc Number | 1299 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per 60 Months - Pend - PA Override - Same Provider on S | Sit | е | |
|---------------|--|-----|---|--|
| Long Desc | Review of Service Frequency - PA Override | | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than one service unit per 60 rolling months and there is no PA on the PA File for the service, set the edit. | | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | | |
| | For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | | |
| | See Value Sets "0745/1299 001" thru "0745/1299 nnn" for procedure codes. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | Υ | Pharmacy | Inpatient | |
|---------|---|-------------|------------|--|
| Nursing | | Home Health | Outpatient | |

| Physician | Υ | Personal Care | Laboratory | |
|----------------|---|---------------|------------|--|
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date |
|---------------------|--------------------|-------------------|
| | | 10 1101011 2 0110 |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| | | | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Edit Information

| Edit Number | 745 | esc Number | 1300 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Unit Per Sixty Months - Pend - PA Override | | |
|------------|--|--|--|
| Long Desc | Review of Service Frequency - PA Override | | |
| | If a payment request for any of the following procedures results in more than two service units per sixty rolling months and there is no PA on the PA File for the service, set the edit. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0745/1300 001" thru "0745/1300 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| Madia | 1.00 | Dian | |
|---------------|------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Edit Information

| Edit Number | 745 | esc Number | 1301 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Two Service Units Per 60 Months - Pend - PA Override -Same Provider or | Si | te | |
|---------------|--|----|----|--|
| Long Desc | Review of Service Frequency - PA Override | | | |
| Edit Criteria | If a payment request for any of the following procedures results in more than two service units per 60 rolling months and there is no PA on the PA File for the service, set the edit. | | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | | |
| | For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. | | | |
| | See Value Sets "0745/1301 001" thru "0745/1301 nnn" for procedure codes. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| | Dental | Υ | Pharmacy | | Inpatient | |
|--|--------|---|----------|--|-----------|--|
|--|--------|---|----------|--|-----------|--|

| Nursing | | Home Health | Outpatient | |
|----------------|---|---------------|------------|--|
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date |
|---------------------|--------------------|-------------------|
| | | 10 1101011 2 0110 |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Edit/Audit Inquiry Results Edit-203 ESC-1302

Edit Information

| Edit Number | 203 | esc Number | 1302 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | One Service Unit Per Eleven Months | | |
|------------|--|--|--|
| Long Desc | One Service Unit Per Eleven Months | | |
| | If a payment request for any of the following procedure codes results in more than one service unit per eleven rolling months, set the edit. | | |
| | See Value Sets "0203/1302 001" thru "0203/1302 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Da | te Revision Date |
|---------------------|------------------|------------------|
|---------------------|------------------|------------------|

| Media/Disposition/Pe | nd Location Codes | | |
|----------------------|-------------------|------|--|
| Media | LOC | Disp | |
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-825 ESC-1303

Edit Information

| Edit Number | 825 | esc Number | 1303 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit - Once In a Lifetime, Same Prov or Site - Deny | | |
|------------|---|--|--|
| Long Desc | Once-in-a-Lifetime Service | | |
| | This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0825/1303 001" thru "0825/1303 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|----------------------|--------------------|---------------|---|
| | | " | |
| Media/Disposition/Pe | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| | | | |
| Programs | | | |
| None) | | | |
| | | | _ |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-825 ESC-1304

Edit Information

| Edit Number | 825 | esc Number | 1304 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit - Once In a Lifetime, Any Provider - Pend | | |
|------------|---|--|--|
| Long Desc | Once-in-a-Lifetime Service | | |
| | This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time by any provider. Bypass if procedure modifier is U1 - U9, 24, 25, 57, 59, 75, 79, SG | | |
| | See Value Sets "0825/1304 001" thru "0825/1304 nnn" for procedure codes. See Value Sets "Proc Mods that Bypass Claimchk" and "ASC Modifier" for modifiers. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
| | | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1304 and disposition indicator O.

If justification is not provided, deny with code 1304 and disposition indicator D.

If pended or conflicting claim has an "SG" modifier override with code 1304 and disposition indicator O.

Edit/Audit Inquiry Results Edit-825 ESC-1305

Edit Information

| Edit Number | 825 | esc Number | 1305 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit - Once In a Lifetime, Same Prov or Site - Pend | | |
|---------------|---|--|--|
| Long Desc | Once-in-a-Lifetime Service | | |
| Edit Criteria | This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0825/1305 001" thru "0825/1305 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| | T | T I |
|---------------|-----|------|
| Media | LOC | Disp |
| Paper | 200 | PEND |
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1305 and disposition indicator O.

If justification is not provided, deny with code 1305 and disposition indicator D.

Edit/Audit Inquiry Results Edit-937 ESC-1306

Edit Information

| Edit Number | 937 | esc Number | 1306 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit: Twice in a Lifetime, Any Provider - Pend | | | | |
|------------|---|--|--|--|--|
| Long Desc | This is a twice-in-a-lifetime procedure. | | | | |
| | This limitation audit fails when a twice-in-a-lifetime procedure code is billed a third time by any provider. | | | | |
| | See Value Sets "0937/1306 001" thru "0937/1306 nnn" for procedure codes. | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

| Media/Dis | position/Pend Location Codes |
|-----------|------------------------------|
| | |

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1306 and disposition indicator O.

If justification is not provided, deny with code 1306 and disposition indicator D.

Edit/Audit Inquiry Results Edit-937 ESC-1307

Edit Information

| Edit Number | 937 | esc Number | 1307 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit: Twice in a Lifetime, Same Prov or Site - Pend | • | • | |
|------------|--|---|---|--|
| Long Desc | This is a twice-in-a-lifetime procedure. | | | |
| | This limitation audit fails when a twice-in-a-lifetime procedure code is billed a third time. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0937/1307 001" thru "0937/1307 nnn" for procedure codes. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1307 and disposition indicator O.

If justification is not provided, deny with code 1307 and disposition indicator D.

Edit/Audit Inquiry Results Edit-938 ESC-1308

Edit Information

| Edit Number | 938 | esc Number | 1308 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit: Four in a Lifetime, Any Provider - Pend | | | |
|------------|--|--|---|--|
| Long Desc | This is a four-in-a-lifetime procedure. | | | |
| | This limitation audit fails when a four-in-a-lifetime procedure code is billed a fifth time by any provider. | | _ | |
| | See Value Sets "0938/1308 001" thru "0938/1308 nnn" for procedure codes. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

| | Media/Dis | position/Pend Location Codes |
|--|-----------|------------------------------|
|--|-----------|------------------------------|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1308 and disposition indicator O.

If justification is not provided, deny with code 1308 and disposition indicator D.

Edit/Audit Inquiry Results Edit-825 ESC-1309

Edit Information

| Edit Number | 825 | esc Number | 1309 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation Audit - Once In a Lifetime, Same Tooth - Deny | | |
|------------|---|--|--|
| Long Desc | Once-in-a-Lifetime Service | | |
| | This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure. | | |
| | See Value Sets "0825/1309 001" thru "0825/1309 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|-----|
| | | | 411 |

| Media | LOC | Disp | |
|--|----------------------------|-----------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | |
| (None) | | | |
| () | | | |
| | | | |
| | | | |
| Exceptions | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |
| Exceptions As of July 1st, 2005, dental Resolution | encounter severity is chan | ged to 8. | |

Edit/Audit Inquiry Results Edit-944 ESC-1310

Edit Information

| Edit Number | 944 | esc Number | 1310 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|
| | | | | | |

| Short Desc | Physical Therapy Annual Limit | |
|---------------|---|---|
| Long Desc | Physical Therapy Annual Limit | П |
| Edit Criteria | Physical Therapy Annual Limit The fiscal year limits for physical therapy are as follows: - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not require a PA for any Physical Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required, and CORF (PT 019) is excluded from this edit. - DOS of current claim on or after 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. CT 03 - Outpatient and Home Health. Physical Therapy Revenue Codes that are associated for this edit are 0420 - 0424. (One unit represents one hour.) CT 05 - Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. Physical Therapy Procedure Codes that are associated for this edit are 97001, 97110, and 97150. (One unit represents one hour except for 97110, where one unit represents .25 hours.) | |

Prior authorized units on History claims do not count toward the limit.

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1310 is set.

See Value Sets "REV/PROC 944/1310 CT 05",

"REV CODE 0944/1310 CT03",

"PROV TYPE EXCLUS 0944/1310 03",

"PROV TYPE EXCLUS 0944/1310 CT05", and

"PROV TYPE INC THERAPY LIMIT".

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|---|
| Nursing | | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

| Effective Date Code | DOS | Effective Date | 1/12/2000 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|
|---------------------|-----|----------------|-----------|---------------|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | NONC | |
| · | | NONC | |
| EMC | | NONC | |
| | | NONC | |
| Adjustment | | NONC | |
| | | NONC | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| (NOIIC) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-945 ESC-1311

Edit Information

| Edit Number | 945 | esc Number | 1311 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Occupational Thorany Annual Limit | | | |
|---------------|---|---|---------------|---|
| | Occupational Therapy Annual Limit | _ | $\overline{}$ | 1 |
| Long Desc | Occupational Therapy Annual Limit | | | |
| Edit Criteria | The fiscal year limits for occupational therapy are as follows: - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not require a PA for any Occupational Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required (Edit 0945/1311), and CORF (PT 019) is excluded from this edit. - DOS of current claim on or after 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. CT 03 - Outpatient and Home Health. | | | |
| | Occupational Therapy Revenue Codes that are associated for this edit | | | |
| | are | | | |
| | 0430 - 0434. (One unit represents one hour.) | | | |
| | CT 05 — Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. | | | |
| | Occupational Therapy Procedure Codes that are associated for this edit are 97003, 97530, and S9129. (One unit represents one hour | | | |

except for 97530 where one unit represents .25 hours.)

Prior authorized units on History claims do not count toward the limit.

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1311 is set.

See Value Sets "REV/PROC 945/1311 CT 05",

"REV CODE 0945/1311",

"PROV TYPE INC THERAPY LIMIT",

"PROV TYPE EXCLUS 0945/1311", and

"PROV TYPE INCLUS 0945/1311 (New Value Set)".

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | Υ | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | Υ | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|---|
| Nursing | | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

| Effective Date Code dOS Effective Date 1/12/2000 Revision Date | |
|--|--|
|--|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | NONC | |
| · | | NONC | |
| EMC | | NONC | |
| | | NONC | |
| Adjustment | | NONC | |
| | | NONC | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| (NOIIC) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-946 ESC-1312

Edit Information

| Edit Number | 046 | oog Number | 1312 | NCDDD Codo | |
|-------------|------------------|------------|------|------------|--|
| Edit Number | 9 4 6 | esc Number | 1312 | NCPDP Code | |

| Short Desc | Speech Therapy Annual Limit | |
|---------------|---|--|
| Long Desc | Speech Therapy Annual Limit | |
| Edit Criteria | The fiscal year limits for speech therapy are as follows: - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not | |
| | require a PA for any Speech Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required (Edit 0946/1312), and CORF (PT 019) is excluded from this edit. - DOS of current claim on or 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. | |
| | CT 03 Outpatient and Home Health. Speech Therapy Revenue Codes that are associated for this edit are 0441 - 0444. (One unit represents one hour.) CT 05 - Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. | |
| | Speech Therapy Procedure Codes that are associated for this edit are 92506, 92507, and 92508. (One unit represents one hour.) Prior authorized units on History claims do not count toward the limit. | |

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.

If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1312 is set.

See Value Sets "REV/PROC 946/1312 CT 05", "REV PROC 0946/1312 CT 03", "PROV TYPE EXCLUS 0946/1312", and "PROV TYPE INCLUS 0946/13 12 (New Value Set)".

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|---|
| Nursing | | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| tive Date Code DOS Effective Date 1/12/2000 Revision Date |
|---|
|---|

Media/Disposition/Pend Location Codes

| Media L0 | OC [| Disp | |
|----------|------|------|--|
|----------|------|------|--|

| Paper | | NONC | |
|---------------|-----|------|--|
| | | NONC | |
| EMC | | NONC | |
| | | NONC | |
| Adjustment | | NONC | |
| | | NONC | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

| Edit/Audit | Inquiry | Results | Edit-947 |
|------------|---------|---------|-----------------|
| ESC-1313 | | | |

| Edit Information | | | | | | | | |
|-------------------------|-----------------------------------|-----------------------|---------------|----------|---------------|---|--|--|
| Edit Number 947 | | esc Number | 1313 | N | CPDP Code | | | |
| | | | | | | | | |
| Short Desc OP Psy | ch Af | ter 1st Yr Requires | s PA | | | | | |
| Long Desc Outpation | ent Ps | sychiatric Visits Aft | er 1st Year R | Requires | s PA | | | |
| Edit Criteria See edi | Edit Criteria See edit 0947/0947. | | | | | | | |
| General Indicato | rs | | | | | | | |
| Reject Ind | | Deny Ind | | Υ | Override Ind | Υ | | |
| PrtRA Ind | Υ | PA Override Ind | | Y | Compound Ind | | | |
| Туре | В | Priority | | 0 | Recycle Days | 0 | | |
| HIPAA esc | | CutBack Ind | | | | | | |
| Program Indicate | ors | | | | | | | |
| Medicaid | Υ | SLH | | | TDO | | | |
| FAMIS | Υ | Assessmer | nts | | | | | |
| Claim Type | | | | | | | | |
| Dental | | Pharmac | V | | Inpatient | | | |
| Nursing | | Home He | <u> </u> | | Outpatient | | | |
| Physician | | Y Personal | Care | | Laboratory | | | |
| Transportation | | Xover A | | | Xover B | | | |
| Cap Pay | | Man Fee | | | Admin | | | |
| Asmt Fee | | | | | | | | |
| Date Information | | | | | | | | |
| Effective Date Code | | Effect | ive Date | | Revision Date | | | |
| Media/Dispositio | n/Pe | end Location | Codes | | | | | |
| Media | | LOC | | Disp | | | | |
| | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |

Programs

(None)

Exceptions

None

Resolution

Edit 1313

Practitioner Claims

After the first year of treatment, a PA is required for services (edit 0947/1313). If the current claim DOS is over a year earlier than the latest non-prior authorized history claim, current claim is pended with edit 0947/1313.

- 1. If there is no PA number on the claim, deny with 1313 and disposition indicator D.
- 2. If there is a PA number on the claim, check the PA detail screen for authorized units and authorized service dates:

If the PA was denied/rejected, or if the claim DOS is not within the approved PA date range, or if all PA units have been used, deny the claim with 1313 and disposition indicator D.

If the PA was authorized, the claim DOS is within the authorized date range, and there are still units unused, override 1313 with disposition indicator O.

Edit/Audit Inquiry Results Edit-972 ESC-1314

| Edit Informa | ation | | | | | | | | | | | | | | | |
|---|--|------|-------|-------|---------|-------|---------|-----|-----|------|--------|--------|------|-----|---|--|
| Edit Number | 972 | | е | sc N | umber | - 1 | 1314 | | N | ICPE |)P Co | de | | | | |
| | | | | | | | | | | | | | | | | |
| Short Desc S | Short Desc Subs Abuse After 1st Yr Requires PA | | | | | | | | | | | | | | | |
| Long Desc Substance Abuse Services After 1st Year Requires PA | | | | | | | | | | | | | | | | |
| Edit Criteria S | See edit | 0972 | 2/097 | 2. | | | | | | | | | | | | |
| General Ind | licato | rs | | | | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | | | | | Υ | Ove | erride | Ind | | | Υ | |
| PrtRA Ind | | Υ | PAC | Overr | ide Ind | d | | | Υ | Coi | mpou | nd In | d | | | |
| Туре | | В | Prior | ity | | | | | Υ | Re | cycle | Days | ; | | 0 | |
| HIPAA esc | | | CutE | 3ack | Ind | | | | Υ | | | | | | | |
| Program Inc | dicato | ors | | | | | | | | | | | | | | |
| Medicaid | | Υ | | SLI | Н | | | | | | 7 | ΓDO | | | | |
| FAMIS | | Υ | | Ass | sessm | ents | | | | | | | | | | |
| Claim Type | | | | | | | | | | | | | i | | | |
| Dental | | | | Р | harma | асу | | | | | Inpa | tient | | | | |
| Nursing | | | | Н | lome H | Healt | h | | | | Outp | atier | nt | | | |
| Physician | | | Y | ′ P | erson | al Ca | are | | | | Labo | | ſy | | | |
| Transportation | | | | | over A | | | | | | Xove | | | | | |
| Cap Pay | | | | IV | lan Fe | ee | | | | | Adm | in | | | | |
| Asmt Fee | | | | | | | | | | | | | | | | |
| Date Inform | ation | | | | | | | | | | | | | | | |
| Effective Date (| Code | | | | oos | Effec | tive Da | ite | | | Re | visior | n Da | ate | | |
| Media/Disp | ositio | n/Pe | end | Loc | ation | n Co | odes | | | | | | | | | |
| Media | | | | | LO | С | | | Dis | sp | | | | | | |
| | | | | | | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |
| | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1315 ESC-1315

Edit Information

| Edit Number | 1315 | esc Number | 1315 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | EAPG Repeat Ancillary Procedure Dis |
|---------------|---|
| Long Desc | EAPG Repeat Ancillary Procedure Discounting |
| Edit Criteria | This edit is set on claims as a result of EAPG Repeat ancillary procedure discounting. |
| | This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|---|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | Υ |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date |
|---------------------|-----|----------------|----------|---------------|
|---------------------|-----|----------------|----------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.

DENY is changed to EOB by program CPA417CI and CPA417VA

| $\overline{}$ | | | | п | | | 10 | | |
|---------------|---|----|---|---|---|----|----|-----|----|
| =) | | | o | ш | т | τ. | Ш | | Ta |
| B. 4 | = | -1 | | ш | | | | L W | 18 |

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1316

Edit Information

| Edit Number | 383 | esc Number | 1316 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation: One Hundred Twenty-four Service Units Per Year | | |
|---------------|--|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one hundred twenty-four service units in one calendar year, and there is no PA on PA File for the service, set the edit if a cutback cannot be taken. | | |
| | If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. | | |
| | See Value Sets "0383/1316 001" thru "0383/1316 nnn" for procedure codes and "PROC MODIFIER RR". | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | Υ | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | Υ | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |

| Cap Pay | Man Fee | Admin | |
|------------------------------------|----------------------------|-----------------------------------|--------|
| Asmt Fee | | | |
| Date Information | _ | _ | _ |
| Effective Date Code | Effective Date | Revision Date | П |
| Lifective Date Code | Lilective Date | INEVISION Date | |
| Media/Disposition/Pend | Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs Programs | | | _ |
| (None) | | | |
| (NOTIC) | | | |
| Exceptions | | | |
| This edit was turned off for claim | n type 05 on 4/14/2004; it | had been set to deny for claim ty | pe 05. |
| | | deny with an effective date of 1 | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-958 ESC-1317

Edit Information

| Edit Number | 058 | esc Number | 1317 | NCPDP Code | |
|---------------|------|----------------|------|---------------|--|
| Luit Mullibei | 1900 | lege indilibei | 1317 | livel Di Code | |

| Short Desc | Duplicate payment request | | |
|---------------|--|--|--|
| Long Desc | Duplicate payment request-same provider, same enrollee, same DOS, Same procedure codes | | |
| Edit Criteria | This edit Criteria is applicable between a HCFA Practitioner (Claim Type 05) and a XOVB (Claim Type 09). This edit is set when the following conditions are met -Same Provider -Same Enrollee -Same DOS -Same procedure codes If Claims have HMO copay they will have edit 0997 set with an EOB for both CT 05 and CT 09. Duplicate editing is only done when both claims have edit 0997 (HMO Copay) set. See edit 0958. The following was left in for historical purposes. As of January 2004, this edit has been reused and the description above now applies. This edit is deleted - merged in with edit 383/1078 If a payment request for any of the following procedure codes results in more than one hundred eighty-six service units in one calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. Edit only applies for claims with procedure modifier "RR" (Rental). (Note: For old rental procedure codes, modifier "RR" is assumed.) If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1317 001" thru "0383/1317 nnn" for procedure | | |
| | codes and "PROC MODIFIER RR". | | |

| Canaval Indiantar | · · | | _ | _ | | _ | | _ | _ | _ | | |
|---------------------|------|----|----------|--------|------------------|-----|--------------|--------|------------|-----|---|---|
| General Indicator | S | | | | | Υ | | | | | | |
| Reject Ind | | _ | Deny Ind | | | | - | erride | | | | Y |
| PrtRA Ind | Υ | PA | Ove | erride | e Ind | | Compound Ind | | | | | |
| Туре | D | _ | ority | | | | Re | cycle | Days | | (|) |
| HIPAA esc | | Cu | tBac | ck Ind | d | | | | | | | |
| Program Indicato | rs | | | | _ | | | | | | | |
| Medicaid | Υ | | s | LH | | | | | TDO | | | |
| FAMIS | Υ | | A | sses | sments | | | | | | | |
| | | | | | | | | | | | | |
| Claim Type | | | | | | | | | | | | |
| Dental | | | - | | rmacy | | | Inpa | atient | | | |
| Nursing | | | | Hon | ne Health | | | Out | patient | | | |
| Physician | | | Υ | Pers | sonal Care | | | Lab | oratory | | | |
| Transportation | | | | Xov | er A | | | | ver B | | | Υ |
| Cap Pay | | | | Man | Fee | | Admin | | min | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | |
| Effective Date Code | | | | DO | S Effective Date | | | Re | evision Da | ate | | |
| Media/Disposition | n/Pe | nd | Lo | cat | ion Codes | | | | | | | |
| Media | | | | | LOC | Dis | n | | | П | | |
| Paper | | | | | | DE | • | | | | | |
| Тары | | | | | | DE | | | | | | |
| EMC | | | | | | DE | | | | | | |
| | | | | | | DE | | | | | | |
| Adjustment | | | | | | DE | | | | | | |
| , | | | | | | DE | | | | | | |
| POS | | | | | | | | | | | | |
| Encounter | | | | 6 | | | | | | | | |
| Special Batch | | | | | 217 | PEI | ND | | | | | |
| PA | | | | | | | | | | | | |
| Drograme | | | | | | | | | | | | |
| Programs | | | | | 1_ | | | | | | | |
| Program | | | | | Program Title | | | | | | | |

Duplicate Check

CPA420

| Exceptions |
|---|
| None |
| |
| Resolution |
| ESC 1317 Title-18 1. Medicare is considered the primary insurer; therefore if the conflicting claim was paid for the same procedure, and the conflicting claim was not a Title 18, the conflicting claim should be voided using void reason 1047. If the conflicting claim was a Title 18, deny the pending claim with ESC code 1317 and Disposition Indicator D. 2. If not the same procedure: Override edit with ESC code 1317 Disposition Indicator O for payment. |
| |
| |
| |

Edit/Audit Inquiry Results Edit-1318 ESC-1318

Edit Information

| Edit Number | 1318 | esc Number | 1318 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Limitation of 2 units | | |
|------------|---|--|--|
| Long Desc | Limitation of 2 units per fiscal year | | |
| | If a payment request for any of the procedure codes in value set '1318/1318 001' exceeds 2 units per fiscal year for modifier U6, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS Effect | ve Date 8/1/2009 | Revision Date | 9/16/2009 |
|--------------------------------|------------------|---------------|-----------|
|--------------------------------|------------------|---------------|-----------|

| Media | LOC | Disp | |
|--|----------------|------|---|
| Paper | | DENY | |
| • | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | |
| (None) | | | |
| Exceptions | _ | _ | _ |
| | | | |
| This edit will be implemente | ed 08/01/2009. | | |
| Resolution | ed 08/01/2009. | | |
| This edit will be implemente Resolution (None) | ed 08/01/2009. | | |
| Resolution | ed 08/01/2009. | | |

Edit/Audit Inquiry Results Edit-1319 ESC-1319

Edit Information

| Edit Number | 1319 | esc Number | 1319 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Limitation of 2 units | | |
|------------|---|--|--|
| Long Desc | Limitation of 2 units per fiscal year | | |
| | If a payment request for any of the procedure codes in value set '1319/1319 001' exceeds 2 units per fiscal year for modifier U7, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|--------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS Effective Date | 1/8/2009 | Revision Date | 9/16/2009 |
|--|----------|---------------|-----------|
|--|----------|---------------|-----------|

| Media | LOC | Disp | |
|--|-----------------|------|--|
| Paper | | DENY | |
| • | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs (None) Exceptions This edit will be implemente | d ar 00/04/2000 | | |
| Resolution | | | |
| () . | | | |
| None) | | | |
| None) | | | |
| None) | | | |
| (None) | | | |
| None) | | | |
| None) | | | |
| (None) | | | |
| None) | | | |
| None) | | | |
| None) | | | |
| (None) | | | |
| (None) | | | |

Edit Information

| Edit Number | 1320 | esc Number | 1320 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Limitation of 2 units |
|------------|---|
| Long Desc | Limitation of 2 units per fiscal year |
| | If a payment request for any of the procedure codes in value set '1320/1320 001' exceeds 2 units per fiscal year for modifier U8, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|-------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Υ | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| | Effective Date Code | DOS Effective Date | 8/1/2009 | Revision Date | 9/16/2009 |
|--|---------------------|--------------------|----------|---------------|-----------|
|--|---------------------|--------------------|----------|---------------|-----------|

| Media | LOC | Disp | |
|-----------------------------|---------------|------|--|
| Paper | | DENY | |
| · | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| The edit will be implmented | on 08/01/2009 | | |
| <u>'</u> | | | |
| | | | |
| | | | |
| Resolution | | | |
| Resolution | | | |
| Resolution (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 1321 | esc Number | 1321 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Limitation of 2 units | | | |
|------------|---|--|---|--|
| Long Desc | Limitation of 2 units per fiscal year | | T | |
| | If a payment request for any of the procedure codes in value set '1321/1321 001' exceeds 2 units per fiscal year for modifier U9, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years. | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code DOS | Effective Date | 8/1/2009 | Revision Date | 9/16/2009 |
|-------------------------|----------------|----------|---------------|-----------|
|-------------------------|----------------|----------|---------------|-----------|

| Media | LOC | Disp | |
|------------------------------|------------------|------|--|
| Paper | | DENY | |
| · | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| This edit will be implemente | ed on 08/01/2009 | | |
| | | | |
| | | | |
| | | | |
| Resolution | | | |
| | | | |
| Resolution (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1322 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 65 Units Per Month | | |
|---------------|---|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than 65 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1322 001" thru "0383/1322 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1323 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 600 Units Per Month | | |
|---------------|--|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than 600 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1323 001" thru "0383/1323 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | Υ | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | Υ | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1324 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 100 Units Per Two Months | | |
|---------------|--|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than 100 service units in 55 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1324 001" thru "0383/1324 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1325 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 300 Units Per Month | | |
|------------|--|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| | If a payment request for any of the following procedure codes results in more than 300 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1325 001" thru "0383/1325 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1326 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 144 Units Per Month | | |
|------------|---|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| | If a payment request for any of the following procedure codes results in more than 1443 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1326 001" thru "0383/1326 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 383 | esc Number | 1327 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 36 Units Per Month | | |
|---------------|---|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than 36 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1327 001" thru "0383/1327 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 203 | esc Number | 1328 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | 250 Service Units Per Year | | |
|------------|--|--|--|
| Long Desc | 250 Service Units Per Year | | |
| | If a payment request for any of the following procedure codes results in more than 250 service units per rolling year, set the edit. | | |
| | See Value Sets "0203/1328 001" thru "0203/1328 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | |
|---------------------------------------|-----|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 200 | PEND | | | |
| | 200 | PEND | | | |
| EMC | 200 | PEND | | | |
| | 200 | PEND | | | |
| Adjustment | 200 | PEND | | | |
| | 200 | PEND | | | |
| POS | | PAY | | | |
| Encounter | | 0 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit Information

| Edit Number | 1329 | esc Number | 1329 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Minutes converted to units or procedure allow 1 unit |
|---------------|---|
| Long Desc | Anesthesia minutes converted to units or procedure allow only one unit |
| Edit Criteria | For practitioner and Title XVIII claims with type of service anesthesia identified by submitter 'EDIM' and 'EDIXM' (submitted on 837P), respectively, the minutes as quantity is stored as Anesthesia Minutes and converted to units by dividing by 15 rounded. The submitter is changed to 'EDIM' or 'EDIXM' in the 837P translation based on the Unit or Basis of Measurement Code (SV103) being equal to 'MJ' (minutes). Effective from 01/01/2013 - For practitioner and Title XVIII claims with any procedure code in the value set ANES PROCS FFS PRICING FLAT RT (Value Set# 5017) always pay the flat rate for that procedure for one unit and units for these pro- |
| | cedures are changed to 1 and post an EOB 1329 |

General Indicators

| Reject Ind | | Deny Ind | | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | V | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|---|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | Υ |

| Cap Pay | Mar | Fee | | | Admin | | |
|------------------------|--------|----------|-----|-------|------------|------|--|
| Asmt Fee | IVIAI | 11 00 | | | · COLLINIA | | |
| | | | | | | | |
| Date Information | | | | | | | |
| Effective Date Code | Effect | ive Date | 7/2 | /2004 | Revision I | Date | |
| Media/Disposition/Pend | Locat | ion Code | S | | _ | | |
| Media | | LOC | |)isp | | | |
| Paper | | | | | | | |
| | | | | | | | |
| EMC | | | | OB | | | |
| Adjustment | | | | OB | | | |
| Aujustment | | | | | | | |
| POS | | | | | | | |
| Encounter | | | | | | | |
| Special Batch | | | E | OB | | | |
| PA | | | | | | | |
| Programs Programs | | | | | | | |
| (None) | | | | | | | |
| | | | | | | | |
| Exceptions | | | | | | | |
| None | | | | | | | |
| | | | | | | | |
| Resolution | | | | | | | |
| (None) | | | | _ | | | |
| (None) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Edit Information

| Edit Number | 204 | esc Number | 1330 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Contraindicated Audit - Any Provider, within 366 Days | | |
|---------------|--|--|--|
| Long Desc | Included In Related Procedure | | |
| Edit Criteria | This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 366 days of each other, for the same enrollee, billed by any provider. Edit only applies for current claims with procedure modifier "RR" (Rental) and history claims without modifier 'RR'. (Note: For old rental procedure codes, modifier "RR" is assumed.) See the list of same or related procedures. See Value Sets "0204/1330 001" thru "0204/1330 nnn" for procedure codes and "PROC MODF 0204/3330". | | |
| | Different from current system: These are currently set to test. | | |

General Indicators

| | | | _ | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
| , | ļ | , | | | |
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|-----------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |

| Transportation | Xover A | Xover B | |
|----------------|---------|---------|--|
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

Date Information

| Effective Date Code | DOS Effective Date | Revision Date |
|---------------------|--------------------|---------------|
| | | |

Media/Disposition/Pend Location Codes

| LOC | Disp |
|-----|--|
| 200 | PEND |
| | PAY |
| | 0 |
| 217 | PEND |
| | |
| | 200 200 200 200 200 200 |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit Information

| Edit Number | 383 | esc Number | 1331 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Limitation - 16 Units Per Month | | |
|------------|---|--|--|
| Long Desc | Service Limits Exceeded, Not Authorized | | |
| | If a payment request for any of the following procedure codes results in more than 16 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set. See Value Sets "0383/1331 001" thru "0383/1331 nnn" for procedure codes. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Υ | Compound Ind | |
| Туре | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| Medicaid | | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

| Dental | | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | Υ | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Date Information Effective Date Code | Effective Date | Revision Date | |
|---------------------------------------|-------------------|----------------|---|
| Lifective Date Code | LifeClive Date | IXEVISION Date | |
| Media/Disposition/Per | nd Location Codes | | |
| Media | LOC | Disp | |
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | _ | _ | - |
| | | | |
| (None) | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Edit/Audit | Inquiry | Results | Edit-1332 |
|------------|---------|---------|------------------|
| ESC-1332 | | | |

| Edit Inforn | nation | | | | | | | | | | | | | | |
|--|------------------------|-----|----------|--------|----------------|-----------|-------|----|--------------|--------|--------|-------|----|---|---|
| Edit Number | 1332 | | | esc | Number | 1332 | | I | NCP | DP C | ode | | | | |
| | | | | | | | | | | | | | | | |
| Short Desc NPI Billing Provider Number Not on File | | | | | | | | | | | | | | | |
| Long Desc NPI Billing Provider Number Not on File | | | | | | | | | | | | | | | |
| Edit Criteria | If the NF the edit. | | illing | prov | rider is not o | n the Pro | vider | En | rollme | ent Da | ataba | se, s | et | | |
| General In | dicato | rs | | | _ | - | | i | | | | | | | |
| Reject Ind | | П | D | eny I | nd | | [| Y | Over | ride I | nd | | | T | |
| PrtRA Ind | | Υ | - | | erride Ind | | | | Com | poun | d Ind | | | | |
| Туре | | Р | Pr | iority | / | | | | Recycle Days | | | 21 | | 1 | |
| HIPAA esc | | | Cı | utBa | ck Ind | | | | | | | | | | |
| D I. | | | | | | | | | | | | | | | |
| Program li | ndicato | ors | | | | | | | | | | | | | |
| Medicaid | |) | | 5 | SLH | | | | Υ | | TDO | | | Υ | |
| FAMIS | |) | <u> </u> | F | Assessment | S | | | Υ | | | | | | |
| Claim Typ | e | | | | _ | | | i | | | | | | | |
| Dental | | | | Υ | Pharmacy | | | | | Inpa | atient | | | | Υ |
| Nursing | | | | Υ | Home Hea | alth | | | V | | patien | t | | | Υ |
| Physician | | | | Υ | Personal C | Care | | | Υ | Lab | orator | у | | | Υ |
| Transportatio | n | | | Υ | Xover A | | | | Υ | Xov | er B | | | | Υ |
| Cap Pay | | | | Υ | Man Fee | | | | Υ | Adn | nin | | | | Υ |
| Asmt Fee | Asmt Fee Y | | | | | | | | | | | | | | |
| Date Inforr | Date Information | | | | | | | | | | | | | | |
| Effective Date | | | | | Effectiv | ∕e Date | _ | | П | Revi | sion C | ate | _ | | П |
| | | | | | | | | | | | | | | | |
| Media/Dis _l | oositio | n/F | en | d L | ocation C | codes | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Paper | | D | |
|---------------|-----|---|--|
| | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | | D | |
| | | D | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| | | • | |

Programs

| Program | Program Title |
|---------|------------------------------------|
| CPA001B | Batch Adjudication Driver - Part 1 |

Exceptions

None

Resolution

(None)

| Edit Information | | | | | | | |
|--|---|--|--|--|--|--|--|
| Edit Number 1333 esc Number 1333 NCPDP Code | | | | | | | |
| | | | | | | | |
| Short Desc PRIM. PROV ID NOT FOUND - USED MDCR | | | | | | | |
| Long Desc PRIMARY PROVIDER ID NOT FOUND - USED MEDICARE ID | | | | | | | |
| Edit Criteria This is an EOB that is set when a Crossover claim has an NPI or Medicaid ID as well as the Medicare ID and the Medicare ID is used for processing. | | | | | | | |
| General Indicators | | | | | | | |
| Reject Ind Deny Ind Override Ind | | | | | | | |
| PrtRA Ind Y PA Override Ind Compound Ind | | | | | | | |
| Type Z Priority Recycle Days | 0 | | | | | | |
| HIPAA esc CutBack Ind | | | | | | | |
| Dua quam Indicatora | | | | | | | |
| Program Indicators | | | | | | | |
| Medicaid Y SLH Y TDO Y | | | | | | | |
| FAMIS Y Assessments | | | | | | | |
| Claim Type | | | | | | | |
| Dental Pharmacy Inpatient | | | | | | | |
| Nursing Home Health Outpatient | | | | | | | |
| Physician Personal Care Laboratory | | | | | | | |
| Transportation Xover A Y Xover B | Υ | | | | | | |
| Cap Pay Man Fee Admin | | | | | | | |
| Asmt Fee | | | | | | | |
| Date Information | | | | | | | |
| Effective Date Code S Effective Date 1/1/1979 Revision Date | | | | | | | |
| Media/Disposition/Pend Location Codes | | | | | | | |

LOC

Disp

Media

| Paper | EOB | |
|---------------|-----|--|
| | EOB | |
| EMC | EOB | |
| | EOB | |
| Adjustment | EOB | |
| | EOB | |
| POS | | |
| Encounter | | |
| Special Batch | EOB | |
| PA | | |
| | | |
| Programs | | |

(None)

Exceptions

None

Resolution

(None)

Edit Information

| Edit Number | 1334 | esc Number | 1334 | NCPDP Code | |
|---------------|-------|--------------|------|--------------|--|
| Laititailiboi | 100 1 | 000110111001 | 1001 | 1101 21 0000 | |

| Short Desc | EAPG PACKAGED - SURGICAL FLAG |
|---------------|---|
| Long Desc | EAPG PACKAGED FOR SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | This edit is set on claims as a result of EAPG Bilateral discounting. |
| | This Edit set is when: • GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '04' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' |
| | This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | Υ | | |

| Dental | | Pharmacy | | Inpatient | |
|----------------|---|---------------|---|------------|---|
| Nursing | | Home Health | | Outpatient | Υ |
| Physician | Υ | Personal Care | | Laboratory | |
| Transportation | | Xover A | Υ | Xover B | Υ |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information DOS Effective Date 4/5/2010 Effective Date Code Revision Date Media/Disposition/Pend Location Codes Media LOC Disp Paper DENY DENY DENY **EMC** DENY Adjustment DENY DENY POS Encounter 217 Special Batch PEND **Programs**

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program - Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.

DENY is changed to EOB by program CPA417CI and CPA417VA

| = | es | Δ | п | π | н | \mathbf{a} | n |
|----|-----|--------------|---|---|---|--------------|---|
| N. | C 3 | \mathbf{U} | U | ш | ш | U | ш |

(None)

| | MATIAN |
|--|------------|
| | nation |

| Edit Number | 301 | esc Number | 1335 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Same Provider, Same DOS |
|---------------|--|
| Long Desc | Duplicate Payment Request - Same Provider, Same Dates of Service |
| Edit Criteria | See Edit 0301/0301. |
| | See Value Set "Prov. Type". |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Туре | D | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|--------------|---|
| Nursing | Home Health | Outpatient Y | Y |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Media/Disposition/Pend Location Codes | |
|---------------------------------------|---|
| | Ī |
| | |

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | NONC | |
| EMC | 100 | PEND | |
| | | NONC | |
| Adjustment | 100 | PEND | |
| | | NONC | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

All Invoice Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 098 and disposition indicator D.

Outpatient:

- 1. If the Julian dates are different and the diagnosis code is the same, deny using the ESC that pended and disposition indicator D.
- 2. If the Julian dates are the same, check the patient account number in block 3 of both payment requests.

If patient account numbers are the same, deny using the ESC that pended and disposition indicator D.

If patient account numbers are different, override using the ESC that pended and disposition indicator O.

Outpatient/Inpatient:

Check conflicting and pending payment requests for type of service (procedure codes, ancillaries)

- 1. If type of service is different, override using the ESC that pended and disposition indicator O.
- 2. If type of service is the same, check for attachment or remarks for justification of the duplicate.

Example:

The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times.

Look for any other justifiable reason to pay the duplicate.

- 3. If justification is found, override using the ESC that pended and disposition indicator O.
- 4. If justification is not found, deny using the ESC that pended and disposition indicator D.

Practitioner:

Check for attachment/remarks for justification of the duplicate.

Example:

The provider is charging for two office visits on the same day and states that the patient was seen at two different times.

Look for any other justifiable reason to pay the duplicate.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D. Independent Lab:

Review the lab invoice for remarks that give justification for the duplication, such as two tests on the same day.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D. Title XVIII:

Look for documentation to justify billing.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D. Dental:

If IC requested, check for remarks/documentation for justification of duplicate (same tooth X-rayed, Same tooth filled on same day).

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Transportation:

Review the documentation to determine if there was a valid reason for two trips on the same day. Example:

Two one-way trips with the destination and pickup points reversed.

Pickup and destination points are different on the two payment requests.

Two visits necessary on the same day.

Destination is different.

Destination is the same but remarks explain reason for two trips.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D.

| | | | 4.0 |
|--|-----|------|--------|
| | п ш | ntar | mation |
| | | | mauon |

| Edit Number | 301 | esc Number | 1336 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Same Provider, Same DOS | | | | |
|---------------|--|--|--|--|--|
| Long Desc | Duplicate Payment Request - Same Provider, Same Dates of Service | | | | |
| Edit Criteria | See Edit 0301/0301. | | | | |
| | See Value set "PROV. TYPE" and "REV. CODE". | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Туре | D | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|--------------|---|
| Nursing | Home Health | Outpatient Y | , |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-301 ESC-1337

| Edit Informat | ion | | | | | | | | | | | |
|-------------------------------------|---------|------|-------|--------------|-----------|-------|------|-------------|------------|------|---|---|
| Edit Number 30 | 01 | | es | sc Number | 1337 | | N | CPDF | Code | | | |
| | | | | | | | | | | | | |
| Short Desc Du | plicate | e Pa | yment | Request - Sa | ame Provi | ider, | Samo | e DO | S | | | |
| | | | • | Request - Sa | ame Provi | ider, | Sam | e Dat | es of Ser | vice | | |
| Edit Criteria See Edit 0301/0301. | | | | | | | | | | | | |
| General Indic | ator | 'S | | | | | | | | | | |
| Reject Ind | | | Deny | / Ind | | | Υ | Over | rride Ind | | | Υ |
| PrtRA Ind | | | | verride Ind | | | | Com | pound Ir | nd | | |
| Туре | | D | Prior | ity | | | 0 | Recy | ycle Day: | S | | 0 |
| HIPAA esc | | | CutB | ack Ind | | | | | | | | |
| Program Indi | cato | rs | | _ | - | | | | | | | - |
| Medicaid | | Υ | | SLH | | | | Y | TDO | | Υ | |
| FAMIS | | Y | | Assessment | s | | | | | | | |
| | | | | | | | | | | | | |
| Claim Type | | | | | | | | | | | | |
| Dental | | | | Pharmacy | | | | I | Inpatient | | | |
| Nursing | | | | Home Hea | | | | - | Outpatie | | | Υ |
| Physician | | | | Personal C | Care | | | | Laborato | ry | | |
| Transportation | | | | Xover A | | | | | Xover B | | | |
| Cap Pay | | | | Man Fee | | | | / | Admin | | | |
| Asmt Fee | | | | | | | | | | | | |
| Date Informat | tion | | | | | | | | | | | |
| Effective Date Co | de | | | Effectiv | ve Date | | | F | Revision I | Date | | |
| Media/Dispos | sitio | n/Pe | end I | Location C | Codes | | | | | | | |
| Media | | | | LOC | | | Dis | p | | | | |
| | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | NONC |
| EMC | 100 | PEND |
| | | NONC |
| Adjustment | 100 | PEND |
| | | NONC |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1338

| Edit Inforn | nation | | | | | | | | | | | | |
|--------------------|----------------------------------|-------|--|-----------------------|----------------|--------|------|----------|----------|-----|---|---|---|
| Edit Number | 201 | | es | sc Number | 1338 | N | NCPE |)P Coc | de | | | | |
| | | | | | • | | | | | | | | |
| Short Desc | Duplicat | te Pa | yment | Request - Di | fferent Provid | der, S | ame | DOS | | | | | |
| Long Desc | Duplicat | te Pa | yment | Request - Di | fferent Provid | der, S | ame | Dates | of Serv | ice | | | |
| Edit Criteria | Edit Criteria See Edit 0201/0201 | | | | | | | | | | | | |
| General In | dicato | rc | - | _ | | | | - | - | | | | |
| | uicato | 15 | T | | | Υ | | | | | | | |
| Reject Ind | | | + | ny Ind | | | _ | erride I | | | | Y | |
| PrtRA Ind | | Υ | | verride Ind | | 1 | | mpoun | | | | Y | |
| Type HIPAA esc | | D | | riority utBack Ind | | | Red | cycle D | Days | | | 0 | |
| I IIFAA ESC | | | Cuib | ITBACK ING | | | | | | | | | |
| Program li | ndicato | ors | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | Υ | T | DO | | Υ | | |
| FAMIS | | Υ | | Assessment | S | | | | | | | | |
| Claim Typ | e | | | _ | _ | | | | | | | i | |
| Dental | | | T | Pharmacy | | | Т | Inpati | ent | | _ | Т | |
| Nursing | | | | Home Hea | alth | | | Outpa | | | | Υ | |
| Physician | | | | Personal C | Care | | | Labor | | | | | |
| Transportatio | n | | | Xover A | | | | Xover | rВ | | | | |
| Cap Pay | | | | Man Fee | | | | Admir | n | | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Inform | mation | | | | | | | | | | | i | |
| Effective Date | | | | DOS Effe | ective Date | | | Revi | ision Da | ate | - | = | Ī |
| Media/Dis | nositio | n/P | and J | ocation (| indes _ | | | | | | | | |
| Media | 9031til0 | | enur I | LOC | | Dis | sp | | | | | | |
| ouid | | | | 200 | | | - P | | | | | | |
| | | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | 100 | PEND |
| EMC | 100 | PEND |
| | 100 | PEND |
| Adjustment | 100 | PEND |
| | 100 | PEND |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1339

| Edit Information | | | | | | | | | | |
|------------------------------------|-------|-------|--------------|----------------|--------|-------|-----------|--------|---|---|
| Edit Number 201 | | es | sc Number | 1339 | N | ICPDF | Code | | | |
| | | | | | | | | | | |
| Short Desc Duplica | te Pa | yment | Request - Di | fferent Provid | der, S | ame D | OS | | | |
| Long Desc Duplica | | | | | | | | | | |
| Edit Criteria See Edit 0201/0201 | | | | | | | | | | |
| General Indicato | rs | | | | | | | | | |
| Reject Ind | | Deny | 'Ind | | Υ | Over | ride Ind | | | Υ |
| PrtRA Ind | Υ | PA C | verride Ind | | | Com | pound In | d | | Υ |
| Туре | D | Prior | ity | | 1 | Recy | cle Days | 3 | | 0 |
| HIPAA esc | | CutB | ack Ind | | | | | | | |
| Program Indicate | ors | | | | | | | | | |
| Medicaid | Υ | | SLH | | | Υ | TDO | | Υ | |
| FAMIS | Y | | Assessment | S | | | | | | |
| Claim Type | | | | | | | | | | |
| Dental | | | Pharmacy | | | l li | npatient | | | |
| Nursing | | | Home Hea | alth | | | Outpatier | nt | | Υ |
| Physician | | | Personal C | Care | | L | .aborato | ry | | |
| Transportation | | | Xover A | | | | (over B | | | |
| Cap Pay | | | Man Fee | | | I P | Admin | | | |
| Asmt Fee | | | | | | | | | | |
| Date Information | | | | | | | | | | |
| Effective Date Code | | | DOS Effe | ective Date | | | Revision | n Date | | |
| Media/Dispositio | n/P | end l | _ocation C | Codes | | | | | | |
| Media | | | LOC | | Dis | sp | | | | |
| | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | 100 | PEND |
| EMC | 100 | PEND |
| | 100 | PEND |
| Adjustment | 100 | PEND |
| | 100 | PEND |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1340

| | | | 4.0 |
|--|-----|------|--------|
| | п ш | ntar | mation |
| | | | mauon |

| Edit Number | 201 | esc Number | 1340 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Different Provider, Same DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Same Dates of Service | | |
| Edit Criteria | See Edit 0201/0201 | | |
| | See Value Set "Prov. Type". | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | Υ | TDO | Υ |
|----------|------------|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|--------------|---|
| Nursing | Home Health | Outpatient Y | , |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

| Media/Dis | position/Pend Location Codes |
|-----------|------------------------------|
| | |

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1341

| | | | 4.0 |
|--|-----|------|--------|
| | п ш | ntar | mation |
| | | | mauon |

| Edit Number | 201 | esc Number | 1341 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Different Provider, Same DOS | | | | |
|---------------|---|--|--|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Same Dates of Service | | | | |
| Edit Criteria | See Edit 0201/0201 | | | | |
| | See Value Set "Prov. Type". | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|--------------|---|
| Nursing | Home Health | Outpatient Y | Y |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Dis | position/Pend Location Codes |
|-----------|------------------------------|
| | |

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-249 ESC-1342

| ľ | | | | 4.0 | |
|---|----|------|-------|-----|-----------|
| ı | пъ | Info | 12 00 | 211 | <u>on</u> |
| ı | | IIII | | | |

| Edit Number | 249 | esc Number | 1342 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Same Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Same Provider, Overlapping Dates of Service | | |
| Edit Criteria | See Edit 0249/0249. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | Υ | TDO | Υ |
|----------|-----|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|
|---------------------|-----|----------------|---------------|--|

| Media/Disposition/Pend Location Codes | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|
| Media | LOC | Disp | | | | |
| Paper | 100 | PEND | | | | |
| | 100 | PEND | | | | |
| EMC | 100 | PEND | | | | |
| | 100 | PEND | | | | |
| Adjustment | 100 | PEND | | | | |
| | 100 | PEND | | | | |
| POS | | | | | | |
| Encounter | | 8 | | | | |
| Special Batch | 217 | PEND | | | | |
| PA | | PEND | | | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

All Claim Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

Outpatient:

1. If the service dates are the same, check the patient account number in block 3 on both claims. If the patient account number is the same, deny using the ESC that pended and disposition code D. If the patient account number is different, override using the ESC that pended and disposition code O.

Outpatient/Inpatient:

- 2. Check conflicting claim and pending claim for type of service (i.e., procedure codes, ancillaries). If type of service is different, override using the ESC that pended and disposition code O. If type of service is the same, check for attachments or remarks for justification of the duplicate. Example:
- a) The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times.

- b) The provider performed bilateral procedures.
- c) Look for any other justifiable reason to pay the duplicate.

If justification is found, override using the ESC that pended and disposition indicator O.

If justification is not found, deny using the ESC that pended and disposition indicator D.

Practitioner:

Review the claim for attachments or remarks for justification of the duplicate.

Example:

The provider is charging for two office visits on the same day and states that the patient was seen at two different times.

The patient was seen both in the office and hospital on the same day.

The provider performed bilateral procedures (modifier 50 in block 24D).

Look for any other justifiable reason to pay the duplicate.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D. Independent Lab:

Review the lab invoice for remarks justifying the duplicate, such as two tests on the same day.

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D. Title XVIII:
- 1. Check provider number, recipient number, amount and service dates. If they are the same, deny using the ESC that pended and disposition indicator D.
- 2. If a paper claim conflicts with a paper claim and there are no attachments or remarks, deny using the ESC that pended and disposition indicator D.
- 3. If a paper claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.
- 4. If a crossover claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.
- 5. If an electronic claim pends against a paper claim:

If amounts are the same, deny using the ESC that pended and disposition indicator D.

Check place of treatment and/or diagnosis code. If different, override using the ESC that pended and disposition indicator O.

6. If a paper claim pends against an electronic claim (electronic claim has 7 or 8 as the 8th digit of the reference number):

If amounts are the same, deny using the ESC that pended and disposition indicator D.

If remarks/attachment on the paper claim indicates two or more visits required on the same day, override using the ESC that pended and disposition indicator O.

Check place of treatment and/or diagnosis code. If different, override using the ESC that pended and disposition indicator O.

Dental:

If IC requested, check the remarks/attachment for justification of duplication of service (i.e., same teeth x-rayed, same tooth filled on same date of service).

- 1. If justification is found, override using the ESC that pended and disposition indicator O.
- 2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Transportation:

Transportation providers are required to bill each date on a separate line so should not incur this error. If a transportation provider bills a date range and the claim encounters this error, deny using the ESC that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-249 ESC-1343

| ľ | | | | 4.0 | |
|---|----|------|-------|-----|-----------|
| ı | пъ | Info | 12 00 | 211 | <u>on</u> |
| ı | | IIII | | | |

| Edit Number | 249 | esc Number | 1343 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Same Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Same Provider, Overlapping Dates of Service | | |
| Edit Criteria | See Edit 0249/0249. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | Υ | TDO | Υ |
|----------|-----|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Loca | tion Codes | | | | |
|-----------------------------|------------|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 100 | PEND | | | |
| | 100 | PEND | | | |
| EMC | 100 | PEND | | | |
| | 100 | PEND | | | |
| Adjustment | 100 | PEND | | | |
| | 100 | PEND | | | |
| POS | | | | | |
| Encounter | | 8 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249 ESC-1344

| | | | 4.0 | |
|--|------|--------|-----|-----------|
| | Info | 12 0 0 | | <u>on</u> |
| | | | | UII |

| Edit Number | 249 | esc Number | 1344 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Same Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Same Provider, Overlapping Dates of Service | | |
| Edit Criteria | See Edit 0249/0249. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|--|
|---------------------|--------------------|---------------|--|

| Media/Disposition/Pend Loca | tion Codes | | | | |
|-----------------------------|------------|------|--|--|--|
| Media | LOC | Disp | | | |
| Paper | 100 | PEND | | | |
| | 100 | PEND | | | |
| EMC | 100 | PEND | | | |
| | 100 | PEND | | | |
| Adjustment | 100 | PEND | | | |
| | 100 | PEND | | | |
| POS | | | | | |
| Encounter | | 8 | | | |
| Special Batch | 217 | PEND | | | |
| PA | | PEND | | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1345

Edit Information

| Edit Number | 747 | esc Number | 1345 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Different Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Overlapping Dates of Service | | |
| Edit Criteria | This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: | | |
| | See Edit 0747/0747. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|-----|
| | | | 411 |

| Media/Disposition/Pe | nd Location Codes | | |
|----------------------|-------------------|------|--|
| Media | LOC | Disp | |
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1346

Edit Information

| Edit Number 747 esc Number 1346 NCPDP Code |
|--|
|--|

| Short Desc | Duplicate Payment Request - Different Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Overlapping Dates of Service | | |
| Edit Criteria | This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: | | |
| | See Edit 0747/0747. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|-----|
| | | | 411 |

| Media/Disposition/Pe | nd Location Codes | | |
|----------------------|-------------------|------|--|
| Media | LOC | Disp | |
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1347

Edit Information

| Edit Number | 747 | esc Number | 1347 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Different Provider, Overlap DOS | | |
|------------|---|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Overlapping Dates of Service | | |
| | This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: | | |
| | See Edit 0747/0747. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|-----|
| | | | 411 |

| Media/Disposition/Pe | nd Location Codes | | |
|----------------------|-------------------|------|--|
| Media | LOC | Disp | |
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1348

Edit Information

| Edit Number | 747 | esc Number | 1348 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate Payment Request - Different Provider, Overlap DOS | | |
|---------------|---|--|--|
| Long Desc | Duplicate Payment Request - Different Provider, Overlapping Dates of Service | | |
| Edit Criteria | This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: | | |
| | See Edit 0747/0747. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|---|
| Nursing | Home Health | Outpatient | Υ |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| Effective Date Code | DOS Effective Date | Revision Date | |
|---------------------|--------------------|---------------|-----|
| | | | 411 |

| Media/Disposition/Pend Location Codes | | | | | | | | |
|---------------------------------------|-----|------|--|--|--|--|--|--|
| Media | LOC | Disp | | | | | | |
| Paper | 100 | PEND | | | | | | |
| | 100 | PEND | | | | | | |
| EMC | 100 | PEND | | | | | | |
| | 100 | PEND | | | | | | |
| Adjustment | 100 | PEND | | | | | | |
| | 100 | PEND | | | | | | |
| POS | | | | | | | | |
| Encounter | | 8 | | | | | | |
| Special Batch | 217 | PEND | | | | | | |
| PA | | PEND | | | | | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-301 ESC-1349

| Edit Information | | | | | | | | | | | | | |
|--|-----------------|--|---------|----------|---------|---|-----|------|----------|---------|---|---|---|
| Edit Number 301 | Edit Number 301 | | sc Nun | nber | 1349 | | N | CPDF | Cod | le | | | |
| | | | | | | | | | | | | | |
| Short Desc Duplicate Payment Request - Same Provider, Same DOS | | | | | | | | | | | | | |
| Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service | | | | | | | | | | | | | |
| Edit Criteria See Ed | it 030 | 1/030 | 1. | | | | | | | | | | |
| General Indicato | rs | | | - | - | | | | | - | | | |
| Reject Ind | Π | Den | / Ind | | | - | Y | Over | rride I | nd | | | Y |
| PrtRA Ind | | | verride | e Ind | | | | Com | npoun | d Ind | | | |
| Туре | D | Prior | ity | | | | 0 | Recy | ycle D | ays | | (| 0 |
| HIPAA esc | | CutE | ack Ind | d | | | | | | | | | |
| Program Indicators | | | | | | | | | | | | | |
| Medicaid | Υ | | SLH | | | | , | Υ | ΤI | 00 | | Υ | |
| FAMIS | Υ | | Asses | ssment | S | | | | | | | | |
| Claim Type | | | | | | | | | | | | | |
| Dental | | | Pha | armacy | , | | | | Inpatie | ent | | | |
| Nursing | | | Hor | me Hea | alth | | | (| Outpa | itient | | | |
| Physician | | Y | Per | sonal (| Care | | | L | Labor | atory | | | |
| Transportation | | | | ver A | | | | + | Xover | | | | |
| Cap Pay | | | Mai | n Fee | | | | | Admir | 1 | | | |
| Asmt Fee | | | | | | | | | | | | | |
| Date Information | | | | | | | | | | | | | |
| Effective Date Code | | | | Effectiv | ve Date | | | R | Revision | on Date | ; | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | | |
| Media | | | | LOC | | | Dis | р | | | | | |
| | | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |
| | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1350

| Edit Information | | | | | | | | | | | |
|---|------|----------|-------------|---------|---|------|----------|----------|------|---|---|
| Edit Number 201 | | e | sc Number | 1350 | | NO | CPDP (| Code | | | |
| | | | | • | | | | | | | |
| Short Desc Duplicate Payment Request - Different Provider, Same DOS | | | | | | | | | | | |
| Long Desc | | | | | | | | | | | |
| Edit Criteria See Edit 0201/0201. | | | | | | | | | | | |
| General Indicato | rs | | | | | | | | | | |
| Reject Ind | | Deny | / Ind | | | | Overri | de Ind | | | Υ |
| PrtRA Ind | | <u> </u> | verride Ind | | | • | | ound In | | | • |
| Туре | D | Prior | ity | | C |) | <u> </u> | le Days | | | 0 |
| HIPAA esc | | CutB | ack Ind | | | | | | | | |
| Program Indicate |) KC | - | _ | _ | - | - | _ | _ | _ | - | _ |
| | | | I | | | | _ | T | | l | |
| Medicaid | Y | | SLH | | | - | <u> </u> | TDO | | Y | |
| FAMIS | Υ | | Assessment | S | | | | | | | |
| Claim Type | | | | | | | | | | | |
| Dental | | | Pharmacy | 1 | | | Inp | oatient | | | |
| Nursing | | | Home Hea | alth | | | Οι | utpatier | nt | | |
| Physician | | Y | Personal (| Care | | | La | borato | ry | | |
| Transportation | | | Xover A | | | | | over B | | | |
| Cap Pay | | | Man Fee | | | | Ac | dmin | | | |
| Asmt Fee | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date Code | | | Effectiv | ve Date | | | Re | vision [| Date | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | |
| Media | | | LOC | | | Disp |) | | | | |
| | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249 ESC-1351

| Edit Informa | ation | | | | | | | | | | | | | |
|--|--------|-----|------|-------|------------|---------|--|-----|-----|-----------|---------|---|---|---|
| Edit Number | 249 | | e | sc N | lumber | 1351 | | N | CPD | P Cod | е | | | |
| | | | | | | | | | | | | | | |
| Short Desc Duplicate Payment Request - Same Provider, Same DOS | | | | | | | | | | | | | | |
| Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service | | | | | | | | | | | | | | |
| Edit Criteria See Edit 0249/0249. | | | | | | | | | | | | | | |
| General Indi | icatoı | rs | | | | | | | | | | | | |
| Reject Ind | | | Den | y Inc | d | | | Υ | Ove | erride lı | nd | | | Y |
| PrtRA Ind | | | | • | ride Ind | | | | Con | npoun | d Ind | | | |
| Туре | | D | Prio | rity | | | | 0 | Rec | ycle D | ays | | (| 0 |
| HIPAA esc | | | Cut | 3ack | Ind | | | | | | | | | |
| Program Ind | dicato | ors | | | - | - | | | | | - | | | |
| Medicaid | | Υ | | SL | .H | | | ŀ | Y | Т | 00 | | Υ | |
| FAMIS | | Υ | | _ | sessment | S | | | | | | | | |
| | | | | | | | | | | | | | | |
| Claim Type | | | | | | | | | , , | | | | | |
| Dental | | | | | Pharmacy | | | | | Inpatie | | | | |
| Nursing | | | | | Home Hea | | | | | Outpa | | | | |
| Physician | | | | | Personal C | Care | | | | Labora | | | | |
| Transportation | | | | | Xover A | | | | + | Xover | | | | |
| Cap Pay | | | | ľ | Man Fee | | | | | Admir |) | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Informa | ation | | | | | | | | | | | | | |
| Effective Date C | ode | | | | Effectiv | /e Date | | | | Revision | on Date | 9 | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1352

| Edit Informatior | | | | | | | | | | |
|---|-----|----------|-------------|---------|----|-----|----------------|---------|---|---|
| Edit Number 747 | | es | sc Number | 1352 | 1 | NCP | DP Cod | le | | |
| | | | | | | | | | | |
| Short Desc Duplicate Payment Request - Different Provider, Same DOS | | | | | | | | | | |
| Long Desc Duplicate Payment Request - Different Provider, Same Dates of Service | | | | | | | | | | |
| Edit Criteria See Edit 0747/0747. | | | | | | | | | | |
| General Indicate | ors | | | | | | | | | |
| Reject Ind | | Deny | 'Ind | | Υ | O | verride I | nd | | Υ |
| PrtRA Ind | | <u> </u> | verride Ind | | | Co | ompoun | d Ind | | |
| Туре | D | Prior | ty | | 0 | Re | ecycle D | ays | | 0 |
| HIPAA esc | | CutB | ack Ind | | | | | | | |
| Program Indicators | | | | | | | | | | |
| Medicaid | Υ | | SLH | | | Υ | TI | 00 | Y | , |
| FAMIS | Y | | Assessment | S | | | | | | |
| Claim Type | - | _ | _ | _ | _ | - | _ | _ | _ | |
| Claim Type | | _ | lp: | | | _ | I | | | |
| Dental | | _ | Pharmacy | | | | Inpatie | | | |
| Nursing Physician | | Y | Home Hea | | | | Outpa Labor | | | |
| Transportation | | 1 | Xover A | Jaie | | + | Xover | | | |
| Cap Pay | | | Man Fee | | | + | Admir | | | |
| Asmt Fee | | | Marri 00 | | | | 7 (3.11.11) | • | | |
| | | | | | | | | | | |
| Date Informatio | n | | | | | | | | | |
| Effective Date Code | | | Effectiv | /e Date | | | Revision | on Date | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | |
| Media | | | LOC | | Di | sp | | | | |
| | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-301 ESC-1353

| Edit Information | | | | | | | | | | | |
|--|--------|------|-----------------|-------------|---|---------------|----------------|------|--|---|--|
| Edit Number 301 | | е | sc Number | 1353 | | N | CPDP | Code | | | |
| | | | | | | | | | | | |
| Short Desc | | | | | | | | | | | |
| Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service | | | | | | | | | | | |
| Edit Criteria See Edit 0301/0301. | | | | | | | | | | | |
| General Indicators | | | | | | | | | | | |
| | | Denv | eny Ind | | - | Y | Override Ind | | | Υ | |
| PrtRA Ind | | | A Override Ind | | | | Compound Ind | | | | |
| Туре | D Prio | | iority | | | 0 | Recycle Days 0 | | | | |
| HIPAA esc | Cut | | ıtBack Ind | | | | | | | | |
| Program Indicators | | | | | | | | | | | |
| | | | SLH | | | | Y | ТДО | | Υ | |
| Medicaid Y FAMIS Y | | | Assessments | | | | T | 100 | | ı | |
| 17 HVIIO | | | / toocoomen | | | | | | | | |
| Claim Type | | | | | | | | | | | |
| Dental | | | Pharmacy | | | | Inpatient | | | | |
| Nursing | | | | Home Health | | | Outpatient | | | | |
| Physician | | Y | Y Personal Care | | | | Laboratory | | | | |
| Transportation | | | Xover A | | | | Xover B | | | | |
| Cap Pay Asmt Fee | | | Man Fee | | | | Admin | | | | |
| Asiii ree | | | | | | | | | | | |
| Date Information | | | | | | | | | | | |
| Effective Date Code | | | Effective Date | | | Revision Date | | | | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | |
| Media | | | LOC | | | Disp | p | | | | |
| | | | | | | • | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |
| | | |

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335. Use the ESC number that set on the claim to override or deny.

| Edit Inform | ation | | | | | | | | | | | | | | | | |
|--------------------|---------------------------------------|-------|------|--------------|------|-----------|-----------|--------|-------|--------|--------------|---------|--|----|---|--------|---|
| Edit Number | 201 | | | esc | Nur | nber | 1354 | | N | ICPE | OP C | ode | | | | | |
| | | | | | | | | | • | | | | | | | | |
| Short Desc | Duplicat | te Pa | yme | nt F | Requ | ıest - Di | fferent P | rovide | er, S | ame | DOS | 3 | | | | | |
| Long Desc | Duplicat | te Pa | yme | nt F | Requ | ıest - Di | fferent P | rovid | er, S | ame | Date | es of S | ervio | се | | | |
| Edit Criteria | See Edi | t 020 | 1/02 | 01. | | | | | | | | | | | | | |
| 0 | d!4 - | | | | | | | | | | | _ | | | | | |
| General Inc | dicato | rs | | | | | | | | | | | | | | | |
| Reject Ind | | | Dei | | | | | | Υ | Ov | Override Ind | | | | Υ | | |
| PrtRA Ind | | | + | Override Ind | | | | | | und In | | | | | | | |
| Туре | | D | - | 7 | | | 0 | Re | cycle | Days | S | | | 0 | | | |
| HIPAA esc | | | Cut | tBack Ind | | | | | | | | | | | | | |
| Program Indicators | | | | | | | | | | | | | | | | | |
| Medicaid | | Υ | | 5 | SLH | | | | | Υ | | TDO | | | Υ | | |
| FAMIS | | Υ | | F | Asse | ssment | S | | | | | | | | | | |
| Claim Type |) | | | i | | | | | | | | | | | | | |
| Dental | | | | | Ph | armacy | | | | T | Inna | atient | | | | Ŧ | _ |
| Nursing | | | | | | me Hea | | | | | + | patien | nt | | | + | |
| Physician | | | | Υ | Pe | rsonal C | Care | | | | + | orator | | | | \top | |
| Transportation | า | | | | Xo | ver A | | | | | + | er B | <u>, </u> | | | | |
| Cap Pay | | | | | Ма | ın Fee | | | | | Adr | nin | | | | | |
| Asmt Fee | | | | | | | | | | | | | | | | | |
| | . 11 | | | | | _ | _ | | | | | _ | | | | | |
| Date Inforn | nation | | | | | | | | | | | | | | | | |
| Effective Date | Code | | | | | Effectiv | /e Date | | | | Rev | ision [| ate | | | | |
| Media/Disp | Media/Disposition/Pend Location Codes | | | | | | | | | | | | | | | | |
| Media | | | | | | LOC | | | Dis | sp | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

| Edit Informa | ation | | | | | | | | | | | | | |
|--------------------|---------------------------------------|-------|-------|------------|-------------|-----------|-------|-----|------|-----------|---------|---|---|---|
| Edit Number | 249 | | e | esc N | Number | 1355 | | N | CPD | P Cod | е | | | |
| | | | | | | | | | | | | | | |
| Short Desc D | Duplicat | e Pa | ymen | ıt Re | equest - Sa | me Provi | ider, | Sam | e DC | S | | | | |
| | Duplicat | e Pa | ymen | t Re | equest - Sa | ame Provi | ider, | Sam | e Da | tes of S | Service | • | | |
| Edit Criteria S | See Edi | t 024 | 9/024 | 19. | | | | | | | | | | |
| General Ind | General Indicators | | | | | | | | | | | | | |
| Reject Ind | | | Den | y Ind | d | | | Υ | Ove | erride lı | nd | | , | Y |
| PrtRA Ind | | | | • | rride Ind | | | | Con | npoun | d Ind | | | |
| Туре | | D | Prio | rity | | | | 0 | Rec | ycle D | ays | | | 0 |
| HIPAA esc | | | Cut | ıtBack Ind | | | | | | | | | | |
| Program Indicators | | | | | | | | | | | | | | |
| Medicaid | | Υ | | SI | _H | | | Ī | Y | Т | 00 | | Υ | |
| FAMIS | | Υ | | - | ssessment | S | | | | | | | | |
| | | | | | | | | | | | | | | |
| Claim Type | | | | | | | | | | | | | | |
| Dental | | | | | Pharmacy | | | | | Inpatie | | | | |
| Nursing | | | | | Home Hea | | | | | Outpa | | | | |
| Physician | | | | | Personal C | Care | | | - | Labora | | | | |
| Transportation | | | _ | | Xover A | | | | + | Xover | | | | |
| Cap Pay | | | + | | Man Fee | | | | | Admir |) | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inform | ation | | | | | | | | | | | | | |
| Effective Date C | Code | | | | Effectiv | e Date | | | | Revision | on Date | 9 | | |
| Media/Dispo | Media/Disposition/Pend Location Codes | | | | | | | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

| Edit Information | | | | | | | | | | |
|---------------------------------------|--------------------|----------|----------------|-------------|----------|------|-----------|----------|----|---|
| Edit Number 747 | | е | sc Number | 1356 | 1 | NCPI | DP Cod | е | | |
| | | | | | | | | | | |
| Short Desc Duplica | te Pa | ymen | t Request - Di | fferent Pro | vider, S | Same | DOS | | | |
| Long Desc Duplica | te Pa | ymen | t Request - Di | fferent Pro | vider, S | Same | e Dates o | of Servi | се | |
| Edit Criteria See Ed | it 074 | 7/074 | 7. | | | | | | | |
| General Indicato | General Indicators | | | | | | | | | |
| Reject Ind Deny Ind Y Override Ind Y | | | | | | | | | Υ | |
| PrtRA Ind | | <u> </u> | override Ind | | | _ | mpound | | | |
| Туре | D | Prior | ority | | | Re | ecycle D | ays | | 0 |
| HIPAA esc | | CutE | itBack Ind | | | | | | | |
| Program Indicators | | | | | | | | | | |
| Medicaid | | | SLH | | | Υ | Tr | 00 | Y | |
| FAMIS | Y | | Assessment | e | | T | | <i>.</i> | T | |
| 17 UVIIO | | | 71336331116111 | | | | | | | |
| Claim Type | | | | | | | | | | |
| Dental | | | Pharmacy | , | | | Inpatie | ent | | |
| Nursing | | | Home Hea | alth | | | Outpa | tient | | |
| Physician | | Y | | Care | | _ | Labora | | | |
| Transportation | | | Xover A | | | + | Xover | | | |
| Cap Pay Asmt Fee | | | Man Fee | | | + | Admin | | | |
| Asiii ree | | | | | | | | | | |
| Date Information | | | | | | | | | | |
| Effective Date Code | | | Effectiv | ve Date | | | Revisio | on Date | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | |
| Media | | | LOC | | Di | sp | | | | |
| | | | | | | | | | | |

| Paper | 100 | PEND |
|---------------|-----|------|
| | | DENY |
| EMC | 100 | PEND |
| | | DENY |
| Adjustment | 100 | PEND |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit Information

| Edit Number | 1357 | esc Number | 1357 | NCPDP Code | |
|-------------|------|------------|------|------------|--|
| | | | | | |

| Short Desc | NPI Servicing Provider Not on File | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| Long Desc | NPI Servicing Provider Not on File | | | | | | | |
| | If the NPI servicing provider is not on the Provider Enrollment Database, set the edit. For COBA claim (CT 09, Media '7', Claim submit = 'EDI' or 'EDIM'), if there is a Medicare provider number on the claim, it is used for processing | | | | | | | |
| | and this edit is not set. | | | | | | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|----|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 21 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | Υ | Man Fee | Υ | Admin | Υ |
| Asmt Fee | Υ | | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | D . | |
| • | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | | D | |
| | | D | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| Programs | | | |
| (None) | | | |
| Evecations | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit Information

| Edit Number | 1358 | esc Number | 1358 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Zip Does Not Exists On Loc_Zip Data | | |
|------------|--|--|--|
| Long Desc | Zip Does Not Exists On Loc_Zip Data | | |
| | If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location. | | |
| | If the provider type is one that prices by provider specific rates: - If the zip code does not match any of the provider's locations or it matches more than one location, Edit 1397 is set. | | |
| | If the claim is priced by procedure region price based on provider FIPS: - If the zip code does not match any of the provider's locations and it is not on the Location/Zip Code Table, Edit 1358 is set. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 218 | Р | |
| | 218 | Р | |
| EMC | 218 | Р | |
| | 218 | Р | |
| Adjustment | 218 | Р | |
| | 218 | Р | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible.

Resolution

(None)

Edit Information

| Edit Number | 1359 | esc Number | 1359 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Billing Taxonomy Does Not Match Prov Type | |
|---------------|--|--|
| Long Desc | Billing Taxonomy Does Not Match Prov Type | |
| Edit Criteria | If the claim was submitted with a billing NPI and the NPI has multiple provider types, the PT is determined as follows: 1. Special rules for non-standard provider types: - If provider has PT 099 (Title 18 only) and other PT(s), PT 099 will be ignored - If provider has PT 100 (TDO) and special process indicator is "T" (TDO) or "E" (Emergency TDO), PT 100 is used If provider has PT 100 (TDO) and special process indicator is not "T" (TDO) or "E" (Emergency TDO), the other PT(s) are used If provider has corresponding in and out of state PTs (i.e. 020 and 095), the in-state PT will be used. 2. The claim billing taxonomy code is matched to the Taxonomy/PT X-reference. If the NPI does not have the PT that was found on the X-reference or the claim does not have a billing taxonomy code, other claim data is used to determine PT (See rules listed below). 3. If PT cannot be determined by methods listed above: - If the claim does not have a taxonomy code, set Edit 1394 If the claim has a taxonomy code and it does not x-reference to one of the provider's PTs, set Edit 1359. Special Rules Using Claim Data If a provider is type 001 and 003 Use 003 if diagnosis code is psych Else Use 001 | |
| | | |

End If a provider is type 002 and 007 Use 007 if enrollee is < 21 Else Use 002 End If a provider is type 009 and 011 Use 011 if bill type is 21X, 51X, 61X, 65X, or 66X Else Use 009 End If a provider is type 059 and (047, 055, 063, 073 or 106) Use 059 if UB Else Use 'other' type if only one (1500) End If a provider is class type 020 and 040 Use 020 if 1500 Else Use 040 (ADA/Dental) End If a provider is type 062 and 064 Use 064 if procedure code is in the range L5000 - L9999 Else Use 062 End

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

| Program Indicators | | | | | | | |
|--------------------|---|-------------|---|-----|---|--|--|
| Medicaid | Υ | SLH | Υ | TDO | Υ | | |
| FAMIS | Υ | Assessments | | | | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 218 | Р | |
| | 218 | Р | |
| EMC | 218 | P | |
| | 218 | P | |
| Adjustment | 218 | P | |
| | 218 | P | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | P | |
| PA | | | |

Programs

(None)

Exceptions

For CT 09, disposition is "T". Edit will set to pend if more than 25 type locations exist for the billing NPI and taxonomy on the claim does not match the 25 type locations that were returned in adjudication.

Resolution

- 1. Override the edit and select < Enter >.
- 2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.
- 3. If there is one provider type location that matches the claim's taxonomy (check Image), select it.
- 4. If there is more than one location for the provider type that matches the claim's taxonomy, check claim for matching zip code. If zip code matches select it and press enter. If zip code does not match, enter remark 'more than one location for PCT. No zip code match', transfer to 219 until further notice.
- 5. If the claim's taxonomy does not match any provider type location and there is only one (1) provider type, deny the claim with edit 1359.
- 6. If the claim's taxonomy does not match any provider type location and there is more than one provider type, deny the claim with edit 1359.

Edit Information

| Edit Number | 374 | esc Number | 1360 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Invalid Combination of Surface Codes | | |
|------------|---|--|--|
| Long Desc | Invalid Combination of Surface Codes | | |
| | This edit is set when the current claims Tooth Surface is 'O' and there is a history claim with a Tooth Surface of 'I' for the same enrollee and same date of service. Different provider and different procedures are allowed. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date | l |
|---------------------|----------------|---------------|---|
| | | | |

| | 1/1 /2 | 41 0 1 | | |
|---------------|-----------------------|-----------------|----------|--|
| Media/Disp | osition/Pend Loca | ation Codes | 3 | |
| Media | | LOC | Disp | |
| Paper | | | DENY | |
| | | | DENY | |
| EMC | | | DENY | |
| | | | DENY | |
| Adjustment | | | DENY | |
| | | | DENY | |
| POS | | | | |
| Encounter | | | DENY | |
| Special Batch | | 217 | PEND | |
| PA | | | | |
| Programs | | | | |
| Program | Program Title | | | |
| CPA410 | History Utilization R | Review (U/R) Ed | lits | |
| Exceptions | | | | |
| None | | | | |
| | | | | |
| Resolution | | | | |
| (None) | | | | |
| | | | | |

| | nation |
|--|--------|
| | |

| Edit Number | 374 | esc Number | 1361 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Invalid Combination of Surface Codes | | |
|------------|---|--|--|
| Long Desc | Invalid Combination of Surface Codes | | |
| | This edit is set when the current claims Tooth Surface is 'I' and there is a history claim with a Tooth Surface of 'O' for the same enrollee and same date of service. Different provider and different procedures are allowed. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| | 1/1 /2 | 41 0 1 | | |
|---------------|-----------------------|-----------------|----------|--|
| Media/Disp | osition/Pend Loca | ation Codes | 3 | |
| Media L | | LOC | Disp | |
| Paper | | | DENY | |
| | | | DENY | |
| EMC | | | DENY | |
| | | | DENY | |
| Adjustment | | | DENY | |
| | | | DENY | |
| POS | | | | |
| Encounter | | | DENY | |
| Special Batch | | 217 | PEND | |
| PA | | | | |
| Programs | | | | |
| Program | Program Title | | | |
| CPA410 | History Utilization R | Review (U/R) Ed | lits | |
| Exceptions | | | | |
| None | | | | |
| | | | | |
| Resolution | | | | |
| (None) | | | | |
| | | | | |

Edit Information

| Edit Number | 374 | esc Number | 1362 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Invalid Combination of Surface Codes | | |
|------------|---|--|--|
| Long Desc | Invalid Combination of Surface Codes | | |
| | This edit is set when the current claims Tooth Surface is 'B' and there is a history claim with a Tooth Surface of 'F' for the same enrollee and same date of service. Different provider and different procedures are allowed. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date | l |
|---------------------|----------------|---------------|---|
| | | | |

| | 1/1 /2 | 41 0 1 | | |
|---------------|-----------------------|-----------------|----------|--|
| Media/Disp | osition/Pend Loca | ation Codes | 3 | |
| Media | | LOC | Disp | |
| Paper | | | DENY | |
| | | | DENY | |
| EMC | | | DENY | |
| | | | DENY | |
| Adjustment | | | DENY | |
| | | | DENY | |
| POS | | | | |
| Encounter | | | DENY | |
| Special Batch | | 217 | PEND | |
| PA | | | | |
| Programs | | | | |
| Program | Program Title | | | |
| CPA410 | History Utilization R | Review (U/R) Ed | lits | |
| Exceptions | | | | |
| None | | | | |
| | | | | |
| Resolution | | | | |
| (None) | | | | |
| | | | | |

Edit Information

| Edit Number | 374 | esc Number | 1363 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Invalid Combination of Surface Codes | | |
|------------|---|--|--|
| Long Desc | Invalid Combination of Surface Codes | | |
| | This edit is set when the current claims Tooth Surface is 'F' and there is a history claim with a Tooth Surface of 'B' for the same enrollee and same date of service. Different provider and different procedures are allowed. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | С | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Υ | Pharmacy | Inpatient | |
|----------------|---|---------------|------------|--|
| Nursing | | Home Health | Outpatient | |
| Physician | | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

| | 1/1 /2 | 41 0 1 | | |
|---------------|-----------------------|-----------------|----------|--|
| Media/Disp | osition/Pend Loca | ation Codes | 3 | |
| Media | | LOC | Disp | |
| Paper | | | DENY | |
| | | | DENY | |
| EMC | | | DENY | |
| | | | DENY | |
| Adjustment | | | DENY | |
| | | | DENY | |
| POS | | | | |
| Encounter | | | DENY | |
| Special Batch | | 217 | PEND | |
| PA | | | | |
| Programs | | | | |
| Program | Program Title | | | |
| CPA410 | History Utilization R | Review (U/R) Ed | lits | |
| Exceptions | | | | |
| None | | | | |
| | | | | |
| Resolution | | | | |
| (None) | | | | |
| | | | | |

Edit Information

| Edit Number | 1364 | esc Number | 1364 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Service NPI Not Found on Claim | | |
|---------------|---|--|--|
| Long Desc | Service NPI Not Found on Claim | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date, an NPI must be submitted; if not, set the edit. | | |
| | Exception #1: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than 200 (suspended for lack of NPI). | | |
| | Exception #2: Claim is an adjustment or void for adjustment reason 6000 – 6099 (Check Void) or 8000 - 8999 (Cash Receipt) with date of service before the compliance date, and the provider does not have an NPI on file, and the provider's Legacy number has any program code end reason. | | |
| | Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | Υ | | |

| Dental | Υ | Pharmacy | Υ | Inpatient | Υ |
|---------|---|-------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |

| Physician | Υ | Per | sonal Care | | Υ | Laboratory | Υ |
|---------------------|--------|-----|----------------|-----|---|---------------|---|
| Transportation | Υ | Χον | ver A | | Υ | Xover B | Υ |
| Cap Pay | Υ | Mai | n Fee | | Υ | Admin | Υ |
| Asmt Fee | Y | | | | | | |
| Date Information | - | | _ | - | | _ | |
| Effective Date Code | | | Effective Date | | _ | Revision Date | |
| Effective Date Code | | Ш | Effective Date | | | Revision Date | |
| Media/Disposition/I | Pend L | oca | tion Codes | | | | |
| Media | | | LOC | Dis | p | | |
| Paper | | | | D | | | |
| | | | | D | | | |
| EMC | | | | D | | | |
| | | | | D | | | |
| Adjustment | | | | D | | | |
| POS | | | | D | | | |
| Encounter | | | | 8 | | | |
| Special Batch | | | 217 | P | | | |
| PA | | | | | | | |
| | | | | | | | |
| Programs | | | | | | | |
| (None) | | | | | | | |
| Exceptions | _ | | | | | | |
| <u> </u> | | | | | | | |
| None | | | | | | | |
| | | | | | | | |
| Resolution | | | | | | | |
| (None) | | | | | | | |
| · · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Edit Information

| Edit Number | 1365 | esc Number | 1365 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Billing NPI not Found on Claim | | |
|---------------|---|--|--|
| Long Desc | Billing NPI not Found on Claim | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date, an NPI must be submitted; if not, set the edit. | | |
| | Exception #1: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI". | | |
| | Exception #2: Claim is an adjustment or void for adjustment reason 6000 – 6099 (Check Void) or 8000 - 8999 (Cash Receipt) with date of service before the compliance date, and the provider does not have an NPI on file, and the provider's Legacy number has any program code end reason. | | |
| | Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | Υ | | |

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|---------|---|-------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |

| Physician | Υ | Per | sonal Care | | Υ | Laboratory | Υ |
|---------------------|--------|-----|----------------|-----|---|---------------|---|
| Transportation | Υ | Χον | ver A | | Υ | Xover B | Υ |
| Cap Pay | Υ | Mai | n Fee | | Υ | Admin | Υ |
| Asmt Fee | Y | | | | | | |
| Date Information | - | | _ | - | | _ | |
| Effective Date Code | | | Effective Date | | _ | Revision Date | |
| Effective Date Code | | Ш | Effective Date | | | Revision Date | |
| Media/Disposition/I | Pend L | oca | tion Codes | | | | |
| Media | | | LOC | Dis | p | | |
| Paper | | | | D | | | |
| | | | | D | | | |
| EMC | | | | D | | | |
| | | | | D | | | |
| Adjustment | | | | D | | | |
| POS | | | | D | | | |
| Encounter | | | | 8 | | | |
| Special Batch | | | 217 | P | | | |
| PA | | | | | | | |
| | | | | | | | |
| Programs | | | | | | | |
| (None) | | | | | | | |
| Exceptions | _ | | | | | | |
| <u> </u> | | | | | | | |
| None | | | | | | | |
| | | | | | | | |
| Resolution | | | | | | | |
| (None) | | | | | | | |
| · · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Edit Information

| Edit Number | 1366 | esc Number | 1366 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Referring Medicaid Provider ID Submitted after NPI Compliance Date | • | | |
|---------------|---|---|--|--|
| Long Desc | Referring Medicaid Provider ID Submitted after NPI Compliance Date | | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date and a legacy referring provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e managed care edits). | | | |
| | Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI". | | | |
| | Note: The compliance date is maintained on the RF_SYS_ PARAMETER table. Currently it is 5/23/2008. | | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Dental | Υ | Pharmacy | | Inpatient | |
|-----------|---|---------------|---|------------|---|
| Nursing | | Home Health | | Outpatient | |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |

| Transportation | Υ | Xov | er A | | Xover B | Υ |
|------------------------|------|------|----------------|------|---------------|---|
| Cap Pay | | Mar | n Fee | | Admin | |
| Asmt Fee | | | | | | |
| Data Information | | | | | | |
| Date Information | | | | | | |
| Effective Date Code | | | Effective Date | | Revision Date | |
| Media/Disposition/Pend | l Lo | ocai | tion Codes | | | |
| Media | | | LOC Dis | en . | | |
| Paper | | | EO | | | |
| Тары | | | EO | | | |
| EMC | | | EO | | | |
| | | | EO | | | |
| Adjustment | | | EO | В | | |
| | | | EO | В | | |
| POS | | | | | | |
| Encounter | | | 4 | | | |
| Special Batch | | | EO | В | | |
| PA | | | | | | |
| Programs | | | | | | |
| (None) | | | | | | |
| Exceptions | | | | | | |
| None | | | | | | |
| | | | | | | |
| Resolution | | | | | _ | |
| (None) | | | | | | |
| (/ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Edit Information

| Edit Number | 1367 | esc Number | 1367 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Attending Medicaid Provider ID Submitted after NPI Compliance Date | • | • | • | |
|---------------|--|---|---|---|--|
| Long Desc | Attending Medicaid Provider ID Submitted after NPI Compliance Date | | | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date and a legacy attending provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e managed care edits). | | | | |
| | Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI". Note: The compliance date is maintained on the RF_SYS_ PARAMETER table. Currently it is 5/23/2008. | | | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Dental | | Pharmacy | | Inpatient | Υ |
|-----------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | | Personal Care | | Laboratory | |

| Transportation | Xov | er A | | Υ | Xover B | |
|------------------------|-------|----------------|------|----------|---------------|--|
| Cap Pay | Mar | n Fee | | | Admin | |
| Asmt Fee | | | | | | |
| Data Information | | | | | | |
| Date Information | | | | | | |
| Effective Date Code | | Effective Date | | | Revision Date | |
| Media/Disposition/Pend | Locat | tion Codes | | | | |
| Media | | LOC | Disp |) | | |
| Paper | | | EOB | } | | |
| | | | EOB | } | | |
| EMC | | | EOB | } | | |
| | | | EOB | } | | |
| Adjustment | | | EOB | | | |
| | | | EOB | } | | |
| POS | | | | | | |
| Encounter | | | 4 | | | |
| Special Batch | | | EOB | <u> </u> | | |
| PA | | | | | | |
| Programs | | | | | | |
| (None) | | | | | | |
| Exceptions | | | | | | |
| None | | | | | | |
| | | | | | | |
| Resolution | | | | i | | |
| (None) | | | | | | |
| , | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Edit Information

| Edit Number | 1368 | esc Number | 1368 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | First Other Medicaid Provider ID Submitted after NPI Compliance Date | | |
|---------------|---|--|--|
| Long Desc | First Other Medicaid Provider ID Submitted after NPI Compliance Date | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date and a legacy first other provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e managed care edits). Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider | | |
| | does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI". Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008. | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Dental | | Pharmacy | | Inpatient | Υ |
|-----------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | | Personal Care | | Laboratory | |

| Transportation | Xov | er A | | Υ | Xover B | |
|------------------------|-------|----------------|------|----------|---------------|--|
| Cap Pay | Mar | n Fee | | | Admin | |
| Asmt Fee | | | | | | |
| Data Information | | | | | | |
| Date Information | | | | | | |
| Effective Date Code | | Effective Date | | | Revision Date | |
| Media/Disposition/Pend | Locat | tion Codes | | | | |
| Media | | LOC | Disp |) | | |
| Paper | | | EOB | } | | |
| | | | EOB | } | | |
| EMC | | | EOB | } | | |
| | | | EOB | } | | |
| Adjustment | | | EOB | | | |
| | | | EOB | } | | |
| POS | | | | | | |
| Encounter | | | 4 | | | |
| Special Batch | | | EOB | <u> </u> | | |
| PA | | | | | | |
| Programs | | | | | | |
| (None) | | | | | | |
| Exceptions | | | | | | |
| None | | | | | | |
| | | | | | | |
| Resolution | | | | i | | |
| (None) | | | | | | |
| , | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Edit Information

| Edit Number | 1369 | esc Number | 1369 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Second Other Medicaid Provider ID Submitted after NPI Compliance Da | te | • | |
|---------------|---|----|---|--|
| Long Desc | Second Other Medicaid Provider ID Submitted after NPI Compliance Date | | | |
| Edit Criteria | If the ICN date of the claim is on or after the compliance date and a legacy second other provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e managed care edits). | | | |
| | Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI". Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008. | | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | I V | SLH | Υ | TDO | Υ |
|----------|-----|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Dental | | Pharmacy | | Inpatient | Υ |
|-----------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | | Personal Care | | Laboratory | |

| Transportation | Xov | er A | | Υ | Xover B | |
|------------------------|-------|----------------|------|----------|---------------|--|
| Cap Pay | Mar | n Fee | | | Admin | |
| Asmt Fee | | | | | | |
| Data Information | | | | | | |
| Date Information | | | | | | |
| Effective Date Code | | Effective Date | | | Revision Date | |
| Media/Disposition/Pend | Locat | tion Codes | | | | |
| Media | | LOC | Disp |) | | |
| Paper | | | EOB | } | | |
| | | | EOB | } | | |
| EMC | | | EOB | } | | |
| | | | EOB | } | | |
| Adjustment | | | EOB | | | |
| | | | EOB | } | | |
| POS | | | | | | |
| Encounter | | | 4 | | | |
| Special Batch | | | EOB | <u> </u> | | |
| PA | | | | | | |
| Programs | | | | | | |
| (None) | | | | | | |
| Exceptions | | | | | | |
| None | | | | | | |
| | | | | | | |
| Resolution | | | | i | | |
| (None) | | | | | | |
| , | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Edit Information

| Edit Number | 1370 | esc Number | 1370 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Present on Adm Flag |
|---------------|---|
| Long Desc | Invalid Present on Admission Flag |
| Edit Criteria | If the Present on Admission Flag is not equal to 'N', 'Y', 'U', or 'W' and the diagnosis code is not in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370), set the edit. |
| | The disposition was changed from test to deny for claims received on or after November 01, 2008. |
| | The edit was turned off on 01/28/2009. |
| | The edit was turned to test again on 07/01/2009 with an effective date of 11/1/2008 and the criteria to set the edit is given below. |
| | A. Edit1370 is done for paper UB04 and EDI claims. |
| | B. Edit 1370 will be applicable only on claims with Provider Types 001 (Hospital, Instate, General), 003 (Private Mental Hospital, Inpatient Psych) and 091 (Out-of-State-Hospital). |
| | C. If the Present on Admission (POA) Indicator (DE2052) is an 'N', 'Y', 'U' or 'W', bypass the edit. |
| | D. If the Present on Admission (POA) Indicator (DE2052) is not equal to 'N', 'Y', 'U' or 'W' but is '1' or ' (blank) and the corresponding diagnosis code is in the ICD-9 Value Set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370), bypass the edit. |
| | E. Otherwise, set the edit. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |

| Туре | 0 | | Prior | ity | | | 1 | Re | cycle Days | | 0 |
|---|------|----|-------|-------------------|------------|---------------|----------------------------|----------------------------------|------------|-------|-----|
| HIPAA esc | | | CutE | Back Ind | k | | | | | | |
| Program Indica | tors | S | | | - | - | | | _ | | |
| Medicaid | | Υ | | SLH | | | | Υ | TDO | Y | , |
| FAMIS | | Υ | | Asses | sments | | | | | | |
| Claim Type | | i | | | | | | | | | |
| Dental | | | | Pha | rmacy | | | | Inpatient | | Υ |
| Nursing | | | | Hon | ne Health | | | | Outpatient | | |
| Physician | | | | Per | sonal Care | | | | Laboratory | | |
| Transportation | | | | Xov | er A | | | Υ | Xover B | | |
| Cap Pay | | | | Mar | Fee | | | | Admin | | |
| Asmt Fee | | | | | | | | | | | |
| Effective Date Code Media/Dispositi | | Pe | | ffective Locat | | 7/1/200 es | 9 | Rev | ision Date | 7/1/2 | 009 |
| Media | | | | | LOC | | 1 | | | | |
| IVICUIA | | | | | | | Dis | sp – | | | |
| Paper | | | | | 100 | | Dis | • | | | |
| | | | | | | | _ | NY | | | |
| Paper | | | | | | | DE | NY NY | | | |
| Paper | | | | | | | DE DE | NY NY NY | | | |
| | | | | | | | DE DE DE | NY NY NY NY | | | |
| Paper EMC | | | | | | | DE DE DE | NY NY NY NY NY | | | |
| Paper EMC Adjustment POS | | | | | | | DE DE DE DE | NY NY NY NY NY | | | |
| Paper EMC Adjustment POS Encounter | | | | | | | DE DE DE DE DE | NY NY NY NY NY NY | | | |
| Paper EMC Adjustment POS Encounter Special Batch | | | | | 217 | | DE DE DE DE | NY NY NY NY NY NY | | | |
| Paper EMC | | | | | | | DE DE DE DE DE | NY NY NY NY NY NY | | | |
| Paper EMC Adjustment POS Encounter Special Batch | | | | | | | DE DE DE DE DE | NY NY NY NY NY NY | | | |

Exceptions

Program

CPA330

The disposition was changed from test to deny for claims received on or after November 01, 2008. The edit was turned off on 1/28/2009. The edit was turned on again on 07/07/2009 with an effective

UB04 Service/PA Edit

Program Title

| date of 11/8/2008. Crossovers and UB EMC have a disposition of Test; other media have a Deny disposition . On 8/1/2009, all dispositions became Deny except crossovers remain with Test. |
|---|
| |
| Resolution |
| Override 1370 O if this is the only edit (1370T) seen in ALL fields. Once this is done the claim will repend the next day with the edit the claim is pending with in the correct location. This is a temporary work around. (updated 10/25/07). |
| The edit turned on with effective date 07/01/2009. |
| |
| |
| |
| |
| |

Edit/Audit Inquiry Results Edit-301 ESC-1371

| Edit Inform | nation | | | | | | | | | | | | | |
|----------------|------------|--|------|--------|--------------|-----------|--------|-----|----------|-----------|------|----|----------|---|
| Edit Number | 301 | | | esc | Number | 1371 | | N | CPDF | Code | | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Duplicat | e Pa | aym | ent R | equest - Sa | me Prov | /ider, | Sam | e DOS | 3 | | | | |
| Long Desc | Duplicat | e Pa | aym | ent R | tequest - Sa | me Prov | /ider, | Sam | e Date | es of Ser | vice | | | |
| Edit Criteria | See Edi | t 030 | 01/0 | 301. | | | | | | | | | | |
| General In | dicato | Deny Ind Y Override Ind Y Y PA Override Ind Compound Ind Y D Priority 1 Recycle Days 0 CutBack Ind | | | | | | | | | | | | |
| Reject Ind | | | De | eny Ir | nd | | | Υ | Over | ride Ind | | | | Υ |
| PrtRA Ind | | Y PAO | | | | | | | Com | pound In | d | | | Υ |
| Туре | | D Prior | | | , | | | 1 | Recy | cle Days | ; | | | 0 |
| HIPAA esc | | | Сι | utBad | | | | | | | | | | |
| Dro grana la | adi a a ta | . W.O. | | | | _ | _ | | _ | _ | | | | |
| Program Ir | idicato | | | _ | | | | | | | | | | |
| Medicaid | | Y | | | SLH | | | | | TDO | | | | |
| FAMIS | | Y | | Į. | ssessment | S | | | | | | | <u>L</u> | |
| Claim Type | е | | | | | | | | | | | | | |
| Dental | | | | | Pharmacy | | | | I | npatient | | | | T |
| Nursing | | | | | Home Hea | lth | | | (| Outpatier | nt | | | |
| Physician | | | | | Personal C | are | | | L | aborato | ſy | | | |
| Transportation | n | | | | Xover A | | | | \ | Kover B | | | | Υ |
| Cap Pay | | | | | Man Fee | | | | <i> </i> | Admin | | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforr | nation | | | | | | | | | | | | | |
| Effective Date | Code | | | | DOS Effe | ective Da | ite | | | Revision | n Da | te | | |
| Media/Disp | ositio | n/P | en | d Lo | ocation C | odes | | | | | | | | |
| Media | | | | | LOC | | | Dis | р | | | | | |

| | | T T | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |
| | | | |

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0249/0249. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249 ESC-1372

| Edit Inform | nation | | | | | | | | | | | | |
|------------------------|---|------------|-------|----------------|-----------|--------|----------|---------|-----------|------|---|---------|--|
| Edit Number | 249 | | e | esc Number | 1372 | | N | CPDP | Code | | | | |
| | | | | | 1 | | | | 1 | | | | |
| Short Desc | Duplicat | te Pa | ymen | t Request - Sa | me Provi | der, (| Over | lapping | g DOS | | | | |
| Long Desc | Duplicat Service | e Pa | ymen | t Request - Sa | me Provid | der, (| Over | lappin | g Dates | of | | | |
| Edit Criteria | See Edi | t 024 | 9/024 | 9. | | | | | | | | | |
| Short Desc | | | | | | | | | | | | | |
| | | | Den | v Ind | | - | Y | Overr | ide Ind | | | Υ | |
| _ | A Ind I | | | - , | | | | | | nd | | | |
| Туре | | D Priority | | | | 0 | <u> </u> | | | | 0 | | |
| HIPAA esc | | | Cut | 3ack Ind | | | | | | | | | |
| | Duplicate Payment Request - Same Provider, Overlapping Dates of Service Idit Criteria See Edit 0249/0249. Beneral Indicators Reject Ind Deny Ind Y Override Ind YerkA Ind PA Override Ind Compound Ind Type Dental YerkA Ind Passessments Program Indicators Redicaid Y SLH TDO FAMIS Y Assessments Pharmacy Inpatient Fursing Home Health Outpatient Physician Personal Care Laboratory Fransportation Xover A Xover B | | | | | | | | | | | | |
| Program li | ndicato | ors | | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | | | TDO | | | | |
| FAMIS | | Υ | | Assessments | s | | | | | | | | |
| Claim Typ | | | | | _ | | | - | | | | | |
| | <i>-</i> | | | le. | | | | | | | | | |
| | | | | | 141 | | | | • | | | \perp | |
| | | | | | | | | | | | | | |
| _ | | | | | are | | | | | ry | | | |
| · | rı | | | | | | | | | | | Y | |
| . , | | | | IVIAIT FEE | | | | | amm | | | | |
| / torriting | | | | | | | | | | | | | |
| Date Inforr | mation | | | | | | | | | | | | |
| Effective Date | Code | | | Effectiv | e Date | | | R | evision l | Date | | | |
| Media/Dis _เ | positio | n/P | end | Location C | odes | | | | | | | | |
| Media | | | | LOC | | | Dis | р | | | | | |

| Paper | | DENY |
|---------------|-----|---------------------------------------|
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | 6 |
| Special Batch | 217 | PEND |
| PA | | |
| | • | · · · · · · · · · · · · · · · · · · · |

(None)

Exceptions

None

Resolution

Refer to resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

| Edit/Audit | Inquiry | Results | Edit-1373 |
|-------------------|---------|---------|------------------|
| ESC-1373 | | | |

| Edit Inform | nation | | | | | | | | | | | | | |
|--------------------|---|--------------|---------|---------------|---------|--|---|---------------|--------|------------|----------|----------|---|--|
| Edit Number | 1373 | | esc | c Number | 1373 | | N | CPE |)PC | ode | | | | |
| | | | | | | | | | | | | | | |
| Short Desc | Billing Pr | ov n | nust ha | ve a tax ID | | | | | | | | | | |
| Long Desc | Desc Billing Provider must have a tax ID | | | | | | | | | | | | | |
| Edit Criteria | eria If the billing provider does not have a tax id (FEIN or SSN) on the Provider Database, set the edit. | | | | | | | | | | | | | |
| General In | dicator | S | | _ | | | | | | | | | i | |
| Reject Ind | | | Deny | Ind | | | Υ | Ove | erride | e Ind | | | | |
| PrtRA Ind | | Υ | PA O | verride Ind | | | | Cor | npol | und Ind | | | | |
| Туре | | Р | Priori | ty | | | | Red | ycle | Days | | | 0 | |
| HIPAA esc | | | CutBa | ack Ind | | | | | | | | | | |
| Program Ir | ndicato | re | - | _ | _ | | | | | _ | | | | |
| Medicaid | Taroato | Υ | | SLH | | | | Y | | TDO | | Υ | | |
| FAMIS | | Y | | Assessment | 's | | | <u>'</u> Y | | 100 | | I | | |
| 174010 | | | | 1000001110111 | | | | • | | | | <u> </u> | | |
| Claim Type | 9 | | | | | | | | | | | | | |
| Dental | | | Y | Pharmacy | 1 | | | Υ | Inpa | atient | | | Υ | |
| Nursing | | | Υ | Home Hea | alth | | | Υ | Out | patient | | | Υ | |
| Physician | | | Y | Personal (| Care | | | Υ | Lab | oratory | | | Υ | |
| Transportation | า | | Y | Xover A | | | | Υ | Xοι | /er B | | | Υ | |
| Cap Pay | | | Y | Man Fee | | | | Υ | Adr | min | | | Y | |
| Asmt Fee | | | Υ | | | | | | | | | | | |
| Date Inforr | nation | | | | | | | | | | | | | |
| Effective Date | Code | | | Effectiv | ve Date | | | | Rev | ision Date | : | | | |
| Media/Disp | ositior | 1/P <u>€</u> | end L | ocation (| Codes | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | DENY |
|-----|------|
| | DENY |
| | |
| 217 | PEND |
| | |
| | 217 |

(None)

Exceptions

Media S changed to PEND to location 100 for original, voids and adjustments as of 3/29/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit-301 ESC-1374

| Edit Information Edit Number 301 esc Number 1374 NCPDP Code Short Desc Duplicate Payment Request - Same Provider, Same DOS Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service Edit Criteria See Edit 0301/0301. General Indicators Reject Ind Deny Ind Y Override Ind Y O | | | | | | | | | | | | | | | |
|--|-------------------------|-------------------------------------|------------|---------|------|--------------|----------|-------|---------------------------------------|----------|--|--------|---|----|------------|
| Short Desc Duplicate Payment Request - Same Provider, Same DOS Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service Edit Criteria See Edit 0301/0301. General Indicators Reject Ind Deny Ind Y Override Ind Y PTRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind TDO FAMIS Y Assessments TDO FAMIS Y Assessments Pharmacy Inpatient Duptatient Duptatient Duptatient Duptatient Duptatient Duptatient Date Information Xover A Y Xover B Asmt Fee Admin Asmt Fee Admin Asmt Fee Dos Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes Media/Disposition/P | Edit Inform | nation | | | | | | | | | | | | | |
| Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service Edit Criteria See Edit 0301/0301. General Indicators Reject Ind Deny Ind Y Override Ind Y PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Outpatient Outpatient Date Information Program Indicators Xover A Y Xover B Amin Fee Admin Amir Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date | Edit Number | 301 | | (| esc | Number | 1374 | | N | CPD | P Code | ; | | | |
| Long Desc Duplicate Payment Request - Same Provider, Same Dates of Service Edit Criteria See Edit 0301/0301. General Indicators Reject Ind Deny Ind Y Override Ind Y PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Outpatient Outpatient Date Information Program Indicators Xover A Y Xover B Amin Fee Admin Amir Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date | | | | · | | | | | • | | | | | | |
| Edit Criteria See Edit 0301/0301. | Short Desc | Duplicat | te Pa | ymei | nt R | Request - Sa | ame Prov | ider, | Sam | ne DC | DS | | | | |
| Reject Ind Deny Ind Y Override Ind Y PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Outpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | Long Desc | Duplicat | te Pa | ymei | nt R | Request - Sa | ame Prov | ider, | Sam | ne Da | ites of S | ervice | Э | | |
| Reject Ind Deny Ind Y Override Ind Y PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Outpatient Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Dos Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | Edit Criteria | See Edi | t 030 | 1/03 | 01. | | | | | | | | | | |
| Reject Ind Deny Ind Y Override Ind Y PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Outpatient Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Dos Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | General In | dicato | re | | | _ | - | | | | - | | - | | |
| PrtRA Ind Y PA Override Ind Compound Ind Y Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO FAMIS Y Assessments Inpatient Outpatient Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Dos Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | arcato | | <u></u> | _ | 1 | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | Ţ, | \ <u>'</u> |
| Type D Priority 4 Recycle Days 0 HIPAA esc CutBack Ind TDO Program Indicators Medicaid SLH TDO TDO TDO FAMIS Y Assessments Inpatient Inpatient Nursing Home Health Outpatient Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Admin Admin Asmt Fee Admin Aman Fee Inpatient Media/Disposition/Pend Location Codes Inpatient I | | | \ <u>\</u> | | • | | | | Y | + | | | | | |
| Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | _ | | | | | 4 | + | • | | | | |
| Program Indicators Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | טן | + | | | | | 4 | Red | sycie Da | iys | | | U |
| Medicaid SLH TDO FAMIS Y Assessments Claim Type Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | HIPAA esc CutBack Ind | | | | | | | | | | | | | | |
| Claim Type Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | Program Ir | ndicato | ors | | | | | | | | | | | | |
| Claim Type Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | Medicaid | | | | S | SLH | | | | | TD | 0 | | | |
| Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | FAMIS | | Υ | | A | ssessment | :s | | | | | | | | |
| Dental Pharmacy Inpatient Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | Claim Type | 2 | | | | _ | | | | | | | | | |
| Nursing Home Health Outpatient Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | | | DI | | | | | | -1 | | | |
| Physician Personal Care Laboratory Transportation Xover A Y Xover B Cap Pay Man Fee Admin Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | | | | | | | | | | | | |
| Transportation Xover A Y Xover B Cap Pay Man Fee Admin Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | | | | | | | | <u> </u> | | | | |
| Cap Pay Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | n | | | | | Jaie | | | V | | | | | |
| Asmt Fee Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | • | · · · | | | | | | | | <u> </u> | | | | | |
| Date Information Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | | | Warr cc | | | | | , tarriir | | | | |
| Effective Date Code DOS Effective Date 1/1/1979 Revision Date Media/Disposition/Pend Location Codes | | | | | | | | | | - | | | | | |
| Media/Disposition/Pend Location Codes | Date Inforr | nation | | | | | | | | | | | | | |
| · | Effective Date | ective Date Code DOS Effective Date | | | | | 1/1 | /1979 |) Re | evisio | n Date | | | | |
| · | Media/Disp | ositio | n/P | end | Lo | ocation (| Codes | | | | | | | | |
| Tiodia Diop | | | | | | | | | Die | n | | | | | |
| | modia | | | | | 200 | | | ٥,٥ | ۲ | | | | | |

| Paper | | D | |
|---------------|-----|---|--|
| | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | 100 | P | |
| | 100 | Р | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | P | |
| PA | | | |
| | • | • | |

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-302 ESC-1375

Edit Information

| Edit Number | 302 | esc Number | 1375 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate of History File Record - Same Provider, Same DOS | | |
|------------|--|--|--|
| Long Desc | Duplicate of History File Record, Same Provider, Same Dates of Service | | |
| | This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. | | |
| | See Edit 301/301 for edit criteria. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | | PA Override Ind | | Compound Ind | Υ |
| Туре | D | Priority | 4 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Pharmacy | | Inpatient | |
|----------------|---------------|---|------------|--|
| Nursing | Home Health | | Outpatient | |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

| Media | LOC | Disp | |
|-------------------|-----|------|--|
| Paper | | D | |
| • | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | 100 | Р | |
| | 100 | P | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | Р | |
| PA | | | |
| | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| None | | | |
| None | | | |
| | | | |
| | | | |
| Resolution (None) | | | |
| Resolution | | | |

Edit/Audit Inquiry Results Edit-249 ESC-1376

| Edit Inform | action | | | | | | | | | | | | | | |
|----------------|------------------|---------|------|--------|---------------|----------|--------|------|------|--------------|--------|----------|-----|---|---|
| Edit Number | 249 | | | los | o Number | 1376 | | NI. | CDD | ND C | odo | | | | |
| Eait Number | 249 | | | es | sc Number | 1376 | | IN | CPD | PC | ode | | | | |
| | I | | | | | | | | | | | | | | |
| Short Desc | <u> </u> | | | | Request - Sa | | | | | | | | | | |
| Long Desc | Duplicat vice | te F | Payr | nent | Request - Sa | ame Prov | rider, | Over | lapp | ing C | ates | of Ser | - | | |
| Edit Criteria | See Edi | it 24 | 19/0 | 249 | for criteria. | | | | | | | | | | |
| General In | dicato | re | | | _ | - | | | | | | | | | |
| | uicato | 13 | | | | | | l. , | | | | | | | |
| Reject Ind | | | - | Deny | | | | Υ | | erride | | | | } | |
| PrtRA Ind | | _ | | | verride Ind | | | | | | ınd In | | | Υ | |
| Туре | | D | | Priori | | | | 4 | Red | cycle | Days | : | | C |) |
| HIPAA esc | | | | CutB | ack Ind | | | | | | | | | | |
| Program Ir | ndicato | ors | | | | | | | | | | | | | |
| Medicaid | | | Y | | SLH | | | | | ī | TDO | | T | = | |
| FAMIS | | <u></u> | Y | | Assessment | S | | | | | | | | | |
| Claim Type | 9 | | | | | | | | | | | | | | |
| Dental | | | | Т | Pharmacy | | _ | _ | П | Inpa | atient | | _ | | |
| Nursing | | | | | Home Hea | ılth | | | | - | patier | nt | | | |
| Physician | | | | | Personal C | | | | | | orato | | | | |
| Transportation | n | | | | Xover A | | | | Υ | Xov | er B | • | | | |
| Cap Pay | | | | | Man Fee | | | | | Adn | nin | | | | |
| Asmt Fee | | | | | | | | | | | | | | | |
| Date Inforr | Date Information | | | | | | | | | | | | | | |
| Effective Date | Code | | | D | OS Effective | Date | | 1/1/ | 1979 |) | Revi | sion D | ate | | |
| | | | | | | | | | | | | | | | |
| Media/Disp | ositio | n/l | Per | nd L | _ocation C | codes | | | | | | | | | |

LOC

Disp

Media

| Paper | | D | |
|---------------|-----|---|--|
| | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | 100 | P | |
| | 100 | Р | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | P | |
| PA | | | |
| | • | • | |

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-330 ESC-1377

Edit Information

| Edit Number | 330 | esc Number | 1377 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| Short Desc | Duplicate of History File Record - Same Provider, Overlap DOS | | |
|------------|--|--|--|
| | Duplicate of History File Record, Same Provider, Overlapping Dates of Service | | |
| | This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. | | |
| | See Edit 249/249 for edit criteria. | | |

General Indicators

| Reject Ind | Deny Ind | | Override Ind | |
|------------|-----------------|---|--------------|---|
| PrtRA Ind | PA Override Ind | | Compound Ind | |
| Туре | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | CutBack Ind | | | |

Program Indicators

| Medicaid | SLH | TDO | |
|----------|-------------|-----|--|
| FAMIS | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient | |
|----------------|---------------|------------|--|
| Nursing | Home Health | Outpatient | |
| Physician | Personal Care | Laboratory | |
| Transportation | Xover A | Xover B | |
| Cap Pay | Man Fee | Admin | |
| Asmt Fee | | | |

| | Effective Date Code Effective Date Revision Date | |
|--|--|--|
|--|--|--|

| Media/Disposition/Pend Loca | ation Codes | | |
|-----------------------------|-------------|------|---|
| Media | LOC | Disp | |
| Paper | | | |
| | | | |
| EMC | | | |
| A. II | | | |
| Adjustment | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |
| Programs | _ | _ | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | _ | _ | _ |
| (None) | | | |
| (NOTIE) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-1378 ESC-1378

Edit Information

| Edit Number | 1378 | esc Number | 1378 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Provider type/location cannot be determined for first other provider | | |
|------------|---|--|--|
| Long Desc | Provider type/location cannot be determined for first other provider | | |
| | CT 01 - provider type 46 (Hospice) with revenue code 658: If the first other provider is submitted with NPI: - If the NPI has multiple provider types, set the edit. - If the NPI has multiple provider locations and none or multiple locations match the enrollee's zip code on the Enrollee Database, set the edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | Υ |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | TDO | |
|----------|---|-------------|-----|--|
| FAMIS | Υ | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient Y |
|----------------|---------------|-------------|
| Nursing | Home Health | Outpatient |
| Physician | Personal Care | Laboratory |
| Transportation | Xover A | Xover B |
| Cap Pay | Man Fee | Admin |
| Asmt Fee | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Adjustment POS Encounter | 218 218 218 218 218 218 218 | Disp P P P P P P | |
|------------------------------|---|------------------|--|
| EMC Adjustment POS Encounter | 218 218 218 | P P P | |
| POS Encounter | 218 218 | P P | |
| POS Encounter | 218 | Р | |
| Encounter | | | |
| POS Encounter | 218 | Р | |
| Encounter | | | |
| | | | |
| | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| Programs (None) Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1379 ESC-1379

| | | mation |
|--|-------|---------|
| | Intor | MACHION |
| | | |

| Edit Number | 1379 | esc Number | 1379 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | No Zip Code On The Claim | | |
|------------|--|--|--|
| Long Desc | No Zip Code On The Claim | | |
| | If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location. In this case, if the claim does not have a zip code and it is needed for pricing (claim prices by a provider specific rate or by procedure region price based on provider FIPS), set the edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|---|
| PrtRA Ind | | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | SLH | TDO | |
|----------|-------------|-----|--|
| FAMIS | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient |
|----------------|---------------|------------|
| Nursing | Home Health | Outpatient |
| Physician | Personal Care | Laboratory |
| Transportation | Xover A | Xover B |
| Cap Pay | Man Fee | Admin |
| Asmt Fee | | |

| | Effective Date Code Effective Date Revision Date | |
|--|--|--|
|--|--|--|

| Media | LOC | Disp | |
|--|----------------------------|------------|--|
| Paper | | D | |
| ' | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | | D | |
| | | D | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| Programs | | | |
| | | | |
| (None) | | | |
| | | | |
| Excentions | | | |
| Exceptions | | lu etik le | |
| Exceptions CT 09 is set to "T" - claim wi | ll pay coinsurance and dec | luctible. | |
| | ll pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi | ll pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | ll pay coinsurance and dec | luctible. | |
| | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | ll pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | II pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |
| CT 09 is set to "T" - claim wi Resolution | Il pay coinsurance and dec | luctible. | |

Edit/Audit Inquiry Results Edit-1380 ESC-1380

Edit Information

| Edit Number | 1380 | esc Number | 1380 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Payment Days Computation in Error | | |
|---------------|--|--|--|
| Long Desc | Payment Days Computation in Error | | |
| Edit Criteria | If the Payment Days calculation, which is determined by the quotient of the Coinsurance Amount to the Medicare Nursing Facility Coinsurance Amount, Coinsurance Rate, as defined in the System Parameter file by key XOVA-FACT8 for the effective claim date of service, leaves a remainder, set this edit. The edit indicates that the Coinsurance Amount billed was not a factor of the Medicare Coinsurance Rate. | | |
| | If this calculated Payment Days is greater than the Submitted Covered Days, choose the Submitted Covered Days to be the value for Payment Days, calculate the Cutback Days as the difference, and set this edit. | | |

General Indicators

| Reject Ind | | Deny Ind | | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | |
|----------|---|-------------|---|-----|--|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | |
|----------------|---------------|---|------------|--|
| Nursing | Home Health | | Outpatient | |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |

| Cap Pay | Man Fee | Admin | |
|------------------------|----------------|---------------|---|
| Asmt Fee | | | |
| Data Information | | · · | |
| Date Information | | | |
| Effective Date Code | Effective Date | Revision Date | |
| Media/Disposition/Pend | Location Codes | | |
| Media | LOC | Disp | |
| Paper | | TEST | |
| | | TEST | |
| EMC | | TEST | |
| | | TEST | |
| Adjustment | | TEST | |
| DOC | | TEST | |
| POS Encounter | | 0 | |
| Special Batch | | TEST | |
| PA | | ILOI | |
| 171 | | | |
| Programs | | | |
| (None) | | | |
| | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Donalution | | | _ |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-1381 ESC-1381

| Edit Number | 1381 | esc Number | 1381 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Tenth Diagnosis |
|---------------|---|
| Long Desc | INVALID TENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Tenth diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS |
| | CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Media | LOC | Disp | |
|---------------|-----------------|--------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | |
| Program | Program Title | | |
| CPA330 | UB04 Service/PA | \ Edit | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1382 ESC-1382

| □ dit Ni. usala a s | 4000 | a a a Niumala an | 4000 | MODDD Cada | |
|---------------------|------|------------------|------|------------|--|
| Edit Number | 1382 | esc Number | 1382 | NCPDP Code | |

| Short Desc | Invalid Eleventh Diagnosis |
|---------------|---|
| Long Desc | INVALID ELEVENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Eleventh Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Media | LOC | Disp | |
|---------------|-----------------|--------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | |
| Program | Program Title | | |
| CPA330 | UB04 Service/PA | \ Edit | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1383 ESC-1383

| Edit Number | 1383 | esc Number | 1383 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Twelfth Diagnosis |
|---------------|---|
| Long Desc | INVALID TWELFTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Twelfth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Media | LOC | Disp | |
|---------------|-----------------|--------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | |
| Program | Program Title | | |
| CPA330 | UB04 Service/PA | \ Edit | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1384 ESC-1384

| Edit Number | 1384 | esc Number | 1384 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Thirteenth Diagnosis |
|---------------|---|
| Long Desc | INVALID THIRTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Thirteenth diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Media | LOC | Disp | |
|---------------|-----------------|--------|---|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | _ |
| Program | Program Title | | |
| CPA330 | UB04 Service/PA | \ Edit | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1385 ESC-1385

| Edit Number | 1385 | esc Number | 1385 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Fourteenth Diagnosis |
|---------------|---|
| Long Desc | INVALID FOURTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Fourteenth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Media | LOC | Disp | |
|---------------|-----------------|--------|---|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |
| Programs | | | _ |
| Program | Program Title | | |
| CPA330 | UB04 Service/PA | \ Edit | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1386 ESC-1386

| Edit Number 1386 | esc Number | 1386 | NCPDP Code | |
|------------------|------------|------|------------|--|

| Short Desc | Invalid Fifteenth Diagnosis |
|---------------|---|
| Long Desc | INVALID FIFTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Fifteenth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Location Codes | | |
|-----------------|-------------------------|--|
| LOC | Disp | |
| | DENY | |
| | DENY | |
| | | |
| | | |
| | | |
| | DENY | |
| | 6 | |
| 217 | | |
| 211 | FLIND | |
| | | |
| | | |
| Program Title | | |
| UB04 Service/PA | \ Edit | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | LOC 217 Program Title | DENY DENY DENY DENY DENY DENY 6 217 PEND |

Edit/Audit Inquiry Results Edit-1387 ESC-1387

| Edit Number | 1387 | esc Number | 1387 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Sixteenth Diagnosis |
|---------------|---|
| Long Desc | INVALID SIXTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Sixteenth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Location Codes | | |
|-----------------|-------------------------|--|
| LOC | Disp | |
| | DENY | |
| | DENY | |
| | | |
| | | |
| | | |
| | DENY | |
| | 6 | |
| 217 | | |
| 211 | FLIND | |
| | | |
| | | |
| Program Title | | |
| UB04 Service/PA | \ Edit | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | LOC 217 Program Title | DENY DENY DENY DENY DENY DENY 6 217 PEND |

Edit/Audit Inquiry Results Edit-1388 ESC-1388

| Edit Number | 1388 | esc Number | 1388 | NCPDP Code | |
|-------------|------|------------|------|------------|--|
| | | | | | |

| Short Desc | Invalid Seventeenth Diagnosis |
|---------------|---|
| Long Desc | INVALID SEVENTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Seventeenth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Revision Date | Effective Date Code | Effective Date | Revision Date |
|--------------------------------|---------------------|----------------|---------------|
|--------------------------------|---------------------|----------------|---------------|

| Location Codes | | |
|-----------------|-------------------------|--|
| LOC | Disp | |
| | DENY | |
| | DENY | |
| | | |
| | | |
| | | |
| | DENY | |
| | 6 | |
| 217 | | |
| 211 | FLIND | |
| | | |
| | | |
| Program Title | | |
| UB04 Service/PA | \ Edit | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | LOC 217 Program Title | DENY DENY DENY DENY DENY DENY 6 217 PEND |

Edit/Audit Inquiry Results Edit-1389 ESC-1389

| Edit Number | 1389 | esc Number | 1389 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Eighteenth Diagnosis |
|---------------|---|
| Long Desc | INVALID EIGHTEENTH DIAGNOSIS OR EXCLUDED FROM DRG |
| Edit Criteria | The edit is set if the Eighteenth Diagnosis is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |
| | Excluded from DRG: |
| | All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing: |
| | i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370). |
| | ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES). iii. Check specific to diagnosis codes: |
| | 1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any |

of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).

- 2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
- 3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
- 4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | | Inpatient | Υ |
|----------------|---------------|---|------------|---|
| Nursing | Home Health | | Outpatient | Υ |
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
|---------------------|----------------|---------------|

| Location Codes | | |
|-----------------|-------------------------|--|
| LOC | Disp | |
| | DENY | |
| | DENY | |
| | | |
| | | |
| | | |
| | DENY | |
| | 6 | |
| 217 | | |
| 211 | FLIND | |
| | | |
| | | |
| Program Title | | |
| UB04 Service/PA | \ Edit | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | LOC 217 Program Title | DENY DENY DENY DENY DENY DENY 6 217 PEND |

Edit/Audit Inquiry Results Edit-1390 ESC-1390

Edit Information

| | 4000 | | 1000 | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1390 | esc Number | 1390 | NCPDP Code | |

| Short Desc | Invalid Patient's Reason for Visit Diagnosis Code |
|---------------|---|
| Long Desc | Invalid Patient's Reason for Visit Diagnosis Code |
| Edit Criteria | The edit is set if the Patient's Reason for Visit Diagnosis Code is not in the valid format or is not on the Diagnosis Database. |
| | For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where $x = 0 - 9$, E, V and $n = 0 - 9$. |
| | For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117. |
| | For claim type 01, provider types 003 and 007 are the only other provider types that set the edit. |
| | For outpatient claim type 03, the edit is only done for bill types 131 and 137. |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | | Pharmacy | | Inpatient | Υ |
|--------|--|----------|--|-----------|---|
|--------|--|----------|--|-----------|---|

| Nursing | Home Health | | Outpatient | Υ |
|----------------|---------------|---|------------|---|
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | | |
| | | | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|----------------------|
| CPA330 | UB04 Service/PA Edit |

Exceptions

None

Resolution

Edit/Audit Inquiry Results Edit-1391 ESC-1391

NOTE: THIS EDIT WAS DISABLED ON 1/1/2012, WITH THE HIPAA 5010 PROJECT. THIS WAS REPLACED BY EDITS 0616 – 0619, 0766 – 0769, AND 0814 – 0817.

| Edit Inform | ation | | | | |
|--------------------|---|--|--|---|--|
| Edit Number | 1391 | esc Number | 1391 | NCPDP Code | |
| | | | | | |
| Short Desc | Invalid External | Cause of Injury | Diagnosis Code | | |
| Long Desc | Invalid External | Cause of Injury | Diagnosis Code | | |
| Edit Criteria | For claim type 0 (General Hospit 112, 113, 114, o For claim type 0 (Out of State Ho 111, 112, 113, 1 | on the Diagnosis osis format is either 1 (Inpatient), the all) and the administration 117. 1 (Inpatient), the ospital) and the all 14, or 117. 1, provider types | Database. ner xnn, xnnn, or e edit is only done ssion date is > 6 e edit is only done data is only done data is only done data is only done admission date is s 003 and 007 ar | e if the provider of /30/1996 and the e if the provider of s > 12/31/1999 a re the only other | E and n = 0 - 9 class type = 001 e type bill is 111, class type = 091 nd the type bill is provider types that |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | 0 | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | Pharmacy | Inpatient | Υ |
|--------|----------|-----------|---|

| Nursing | Home Health | | Outpatient | Υ |
|----------------|---------------|---|------------|---|
| Physician | Personal Care | | Laboratory | |
| Transportation | Xover A | Υ | Xover B | |
| Cap Pay | Man Fee | | Admin | |
| Asmt Fee | | | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|----------------------|
| CPA330 | UB04 Service/PA Edit |

Exceptions

None

Resolution

Edit/Audit Inquiry Results Edit-1392 ESC-1392

| Edit Number | 1392 | esc Number | 1392 | NCPDP Code | |
|-------------|------|------------|------|------------|--|
| | | | | | |

| Short Desc | Servicing Taxonomy Does not Match Prov Type |
|---------------|--|
| Long Desc | Servicing Taxonomy Does not Match Prov Type |
| Edit Criteria | If the claim was submitted with a servicing NPI and the NPI has multiple provider types, the PT is determined as follows: |
| | Special rules for non-standard provider types: If provider has PT 099 (Title 18 only) and other PT(s), PT 099 will be ignored If provider has PT 100 (TDO) and special process indicator is "T" (TDO) or "E" (Emergency TDO), PT 100 is used. |
| | - If provider has PT 100 (TDO) and special process indicator is not "T" (TDO) or "E" (Emergency TDO), the other PT(s) are used. |
| | - If provider has corresponding in and out of state PTs (i.e. 020 and 095), the instate PT will be used. |
| | 2. The claim servicing taxonomy code is matched to the Taxonomy/PT X-reference. If the NPI does not have the PT that was found on the X-reference or the claim does not have a servicing taxonomy code, other claim data is used to determine PT (See rules listed below). |
| | 3. If PT cannot be determined by methods listed above: - If the claim does not have a taxonomy code, set Edit 1393 - If the claim has a taxonomy code and it does not x-reference to one of the provider's PTs, set Edit 1392. |
| | Special Rules Using Claim Data |
| | If a provider is type 001 and 003 Use 003 if diagnosis code is psych Else Use 001 End |
| | |

If a provider is type 002 and 007 Use 007 if enrollee is < 21

Else

Use 002

End

If a provider is type 009 and 011

Use 011 if bill type is 21X, 51X, 61X, 65X, or 66X

Else

Use 009

End

If a provider is type 059 and (047, 055, 063, 073, or 106)

Use 059 if UB

Else

Use 'other' type if only one (1500)

End

If a provider is class type 020 and 040

Use 020 if 1500

Else

Use 040 (ADA/Dental)

End

If a provider is type 062 and 064

Use 064 if procedure code is in the range L5000 - L9999

Else

Use 062

End

General Indicators

| Reject Ind | | Deny Ind | V | Override Ind | V |
|------------|---|-----------------|---|--------------|---|
| reject ind | | Deny ind | | | 1 |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | I V | SLH | Υ | TDO | Υ |
|----------|-----|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

| Claim Type | | | | | | | | | | |
|----------------|---|---------------|---|------------|---|--|--|--|--|--|
| Dental | Υ | Pharmacy | | Inpatient | Υ | | | | | |
| Nursing | Υ | Home Health | Υ | Outpatient | Υ | | | | | |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ | | | | | |
| Transportation | Υ | Xover A | Υ | Xover B | Υ | | | | | |
| Cap Pay | | Man Fee | | Admin | | | | | | |

Date Information

Asmt Fee

| F D . O . | Here e o | | |
|---------------------|----------------|------------------|--|
| Effective Date Code | Effective Date | Revision Date | |
| Lilective Date Code | Lincolive Date | I to vision Date | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | P |
| PA | | |

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible. System generated claims with ICN media 'S' pend to location 218. Edit will set to pend if more than 25 type locations exist for the servicing NPI and taxonomy on the claim does not match the 25 type locations that were returned in adjudication.

Resolution

Updated 6/1/12

All locations with the same provider type:

1. Override the edit and select < Enter >.

- 2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.
- 3. If all the provider types are the same and there is a location that matches the city where the services were rendered (check Image block
- 32 for CMS 1500 and the Provider address for UB04),
- Select the location, press enter and then press return. This will return you to the pend screen. Select adjudication.
- If there is more than one location for the provider type that matches check claim for matching zip code. If zip code matches select the
- location and press return.

 If zip code does not match, select a matching city.
- If the zip code does not match and the city does not match, transfer to 219.
- If there is only one location, transfer to 219 until further notice.

Locations have different Provider Types

- 1. Override the edit and select < Enter >.
- 2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.
- 3. If all the provider types are different:
- Click on the procedure code button, then <PT Spec>.
- Note the provider types allowed to bill the procedure code
- Select <Sub Menu>
- Override the edit and select < Enter >.
- Select the matching provider type, press enter and then press return. This will return you to the pend screen. Select adjudication.
- If there is more than one location for the provider type that matches check claim for matching zip code. If zip code matches select the provider type and press return.
- If zip code does not match, select a matching provider type.
- If the provider type or zip code does not match, transfer to 219.
- If there is only one location, transfer to 219.

| Edit/Audit | Inquiry | Results | Edit-1393 |
|------------|---------|---------|------------------|
| ESC-1393 | | | |

| Edit Inform | ation | | | | | | | | | | | | | |
|---|--|------|------|------|--------------|--------|----|----|-----|---------|---------|---|---|---|
| Edit Number | Number 1393 esc Number 1393 NCPDP Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Short Desc No Srvc Taxonomy Code on the Claim | | | | | | | | | | | | | | |
| Long Desc | No Srvc | Тахо | nom | y C | Code on the | Claim | | | | | | | | |
| Edit Criteria | See Edit | 1392 | 2 | | | | | | | | | | | |
| 0 11 | II 4 | | | | | | | | | | | | | |
| General In | dicator | ´S | | | | | | | | | | | | |
| Reject Ind | | | Der | าy l | Ind | | Y | C | Ove | rride I | nd | | | Υ |
| PrtRA Ind | | Υ | PA | Ov | erride Ind | | | - | | npoun | | | | |
| Туре | | Р | Pric | | - | | | F | Rec | ycle D | ays | | | 0 |
| HIPAA esc | | | Cut | Ва | ick Ind | | | | | | | | | |
| Program Ir | ndicato | rs | | | | | | | | | | | | |
| Medicaid | | Υ | | S | SLH | | | Υ | | Т | DO | | Υ | |
| FAMIS | | Υ | | Α | Assessments | 3 | | | | | | | | |
| Claim Type |) | | | | | | | | | | | | | |
| Dental | | | | Y | Pharmacy | | | | | Inpati | ent | | | Υ |
| Nursing | | | ` | Y | Home Hea | lth | | Υ | Y | Outpa | atient | | | Υ |
| Physician | | | | Y | Personal C | are | |) | Y | Laboi | ratory | | | Υ |
| Transportation | 1 | | | Y | Xover A | | |) | Y | Xove | r B | | | Υ |
| Cap Pay | | | | | Man Fee | | | | | Admi | n | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforn | Date Information | | | | | | | | | | | | | |
| Effective Date | Code | | | | Effectiv | e Date | | | | Revisi | on Date |) | | |
| Media/Disp | Media/Disposition/Pend Location Codes | | | | | | | | | | | | | |
| Media | | | | | LOC | | Di | sp | | | | | | |
| | | | | | | | | | | | | | | |

| Paper | | DENY | |
|---------------|-----|------|--|
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible. System generated claims with ICN media 'S' pend to location 218. Effectvie 1/1/2007, Xover B, programs 01, 02, 03, and 07, pend to location 217 for special batch and adjustments with and without attachments and to location 218 for paper claims with and without attachments.

Resolution

| Edit/Audit | Inquiry | Results | Edit-1394 |
|------------|---------|---------|-----------|
| ESC-1394 | | | |

| Edit Inform | ation | | | | | | | | | | | | | |
|---------------------------------------|---|------|--|------|------------|--------|--|-----|-----|-----------|---------|---|---|---|
| Edit Number | Edit Number 1394 esc Number 1394 NCPDP Code | | | | | | | | | | | | | |
| | | | | | | • | | - | | | I | | | |
| Short Desc | No Bill T | axon | omy (| Cod | e on the C | laim | | | | | | | | |
| | | | | | e on the C | | | | | | | | | |
| Edit Criteria | See Edit | 1359 |) | | | | | | | | | | | |
| 0 | d'anta | | | | | | | | | | | | | |
| General Inc | dicator | 'S | | | | | | | | | | | | |
| Reject Ind | | | Den | • | | | | Υ | - | erride Ir | | | | Υ |
| PrtRA Ind | | Υ | | | rride Ind | | | | | mpound | | | | |
| Туре | | Р | Prio | | | | | | Red | cycle Da | ays | | | 0 |
| HIPAA esc | | | Cut | 3acl | k Ind | | | | | | | | | |
| Program Ir | dicato | rs | | | | | | | | | | | | |
| Medicaid | | Υ | | SL | Н | | | | Υ | T | 00 | | Υ | |
| FAMIS | | Υ | | As | sessments | S | | | | | | | | |
| Claim Type |) | | | | | | | | | | | | | |
| Dental | | | Y | F | Pharmacy | | | | | Inpatie | ent | | | Υ |
| Nursing | | | Y | ' H | Home Hea | ılth | | | Υ | Outpa | tient | | | Υ |
| Physician | | | Y | F | Personal C | Care | | | Υ | Labor | atory | | | Υ |
| Transportation | 1 | | Y | | Kover A | | | | Υ | Xover | | | | Υ |
| Cap Pay | | | | 1 | Man Fee | | | | | Admir | 1 | | | |
| Asmt Fee | | | | | | | | | | | | | | |
| Date Inforn | nation | | | | | | | | | | | | | |
| Effective Date | Code | | | | Effectiv | e Date | | | | Revision | on Date |) | | |
| Media/Disposition/Pend Location Codes | | | | | | | | | | | | | | |
| Media | | | | | LOC | | | Dis | p | | | | | |
| | | | | | | | | | | | | | | |

| Paper | 218 | Р |
|---------------|-----|---|
| | 218 | P |
| EMC | 218 | P |
| | 218 | P |
| Adjustment | 218 | P |
| | 218 | P |
| POS | | |
| Encounter | | 8 |
| Special Batch | 217 | P |
| PA | | |

Programs

(None)

Exceptions

For CT 09, disposition is "T"

Resolution

Edit/Audit Inquiry Results Edit-1395 ESC-1395

| Edit | Info | IN IOO | -4 i | 0.10 |
|------|------|------------|-------------|----------------|
| | |] al 0 0 1 | | \mathbf{o} n |

| Edit Number | 1395 | esc Number | 1395 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Invalid Adjustment/Void with Medicaid Provider ID | | |
|------------|---|--|--|
| Long Desc | Invalid Adjustment/Void with Medicaid Provider ID | | |
| | If the claim meets the NPI compliance exception criteria (see Edits 1364, 1365) and it is an adjustment or void and the adjustment/void reason code is not 8000 – 8999 (cash receipts) or 6000 - 6099 (payment void), set the edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | Υ | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | Υ | Man Fee | Υ | Admin | Υ |
| Asmt Fee | Υ | | | | |

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | D . | |
| • | | D | |
| EMC | | D | |
| | | D | |
| Adjustment | | D | |
| | | D | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| Programs | | | |
| (None) | | | |
| Evecations | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| Resolution | | | |
| | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-1396 ESC-1396

| - 114 | | 4.0 |
|--------|--------|--------|
| L-Clit | Intorn | nation |
| | | nation |

| Edit Number | 1396 | esc Number | 1396 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Non -TDO Provider on TDO Claim | | |
|------------|---|--|--|
| Long Desc | Non -TDO Provider on TDO Claim | | |
| | If the claim was submitted with an NPI and the special process indicator is "T" (TDO) or "E" (Emergency TDO) and the NPI does not have TDO eligibility, set the edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | | | |

Claim Type

| Dental | | Pharmacy | | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 320 | P | |
| • | 320 | Р | |
| EMC | 320 | Р | |
| | 320 | Р | |
| Adjustment | 320 | Р | |
| OS | 320 | Р | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |
| Resolution | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (None) | | | |

Edit/Audit Inquiry Results Edit-1397 ESC-1397

Edit Information

| Edit Number | 1397 | esc Number | 1397 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Zip Code Could Not Determine Service Location | | |
|------------|--|--|--|
| Long Desc | Zip Code Could Not Determine Service Location | | |
| | If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location. If the provider type is one that prices by provider specific rates: - If the zip code does not match any of the provider's locations or it | | |
| | matches more than one location, Edit 1397 is set. If the claim is priced by procedure region price based on provider FIPS: - If the zip code does not match any of the provider's locations and it is not on the Location/Zip Code Table, Edit 1358 is set. | | |

General Indicators

| Reject Ind | | Deny Ind | Override Ind | |
|------------|---|-----------------|--------------|----|
| PrtRA Ind | | PA Override Ind | Compound Ind | |
| Туре | Р | Priority | Recycle Days | 21 |
| HIPAA esc | | CutBack Ind | | |

Program Indicators

| Medicaid | SLH | TDO | |
|----------|-------------|-----|--|
| FAMIS | Assessments | | |

Claim Type

| Dental | Pharmacy | Inpatient |
|----------------|---------------|------------|
| Nursing | Home Health | Outpatient |
| Physician | Personal Care | Laboratory |
| Transportation | Xover A | Xover B |
| Cap Pay | Man Fee | Admin |
| Asmt Fee | | |

Date Information

| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|
| | | |

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 218 | Р | |
| | 218 | Р | |
| EMC | 218 | Р | |
| | 218 | Р | |
| Adjustment | 218 | Р | |
| | 218 | Р | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | Р | |
| PA | | | |

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible.

Resolution

Edit/Audit Inquiry Results Edit-1398 ESC-1398

| | MATIAN |
|--|------------|
| | nation |

| Edit Number | 1398 | esc Number | 1398 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| Short Desc | Paper Claim Without NPI Reported on RA | | |
|------------|---|--|--|
| Long Desc | Paper Claim Without NPI Reported on RA | | |
| | If the claim meets the NPI compliance exception criteria (see Edits 1364, 1365, 1366, 1367, 1368, 1369) and the provider receives an 835 per the Provider Database, set the edit. | | |

General Indicators

| Reject Ind | | Deny Ind | Υ | Override Ind | |
|------------|---|-----------------|---|--------------|---|
| PrtRA Ind | Υ | PA Override Ind | | Compound Ind | |
| Туре | Р | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| Medicaid | Υ | SLH | Υ | TDO | Υ |
|----------|---|-------------|---|-----|---|
| FAMIS | Υ | Assessments | Υ | | |

Claim Type

| Dental | Υ | Pharmacy | Υ | Inpatient | Υ |
|----------------|---|---------------|---|------------|---|
| Nursing | Υ | Home Health | Υ | Outpatient | Υ |
| Physician | Υ | Personal Care | Υ | Laboratory | Υ |
| Transportation | Υ | Xover A | Υ | Xover B | Υ |
| Cap Pay | Υ | Man Fee | Υ | Admin | Υ |
| Asmt Fee | Υ | | | | |

| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|
|---------------------|----------------|---------------|--|

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | EOB | |
| · | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |
| | | | |
| Programs | | | |
| (None) | | | |
| Tyroptions | | | |
| Exceptions | | | |
| None | | | |
| | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Edit/Audit Inquiry Results Edit-1399 ESC-1399

| Edit Inform | mation | | | | | | | | | | | |
|----------------|----------|------|--|-------------------------------|---------------------|------|---------|-------|---------|-----|---|---|
| Edit Number | 1399 | | e | sc Number | 1399 | N | ICPD | PC | ode | | | |
| | | | | | | | | | | | | |
| Short Desc | Cannot C | ombi | ne M | edicaid/Medic | are ID and NP | I | | | | | | |
| Long Desc | Cannot C | ombi | ne M | edicaid/Medic | are ID and NP | l | | | | | | |
| Edit Criteria | | • | | is NPI and the sa, set the ed | e servicing provit. | vide | er is M | ledic | aid or | | | |
| General Ir | ndicator | 'S | | _ | _ | i | | ۰ | | i | | |
| Reject Ind | | | Den | v Ind | | Υ | Ove | rride | Ind | | | |
| PrtRA Ind | | Υ | | Override Ind | | Ė | _ | | ind Ind | | | |
| Туре | | Z | Prio | | | | + | • | Days | | | 0 |
| HIPAA esc | | | | Back Ind | | | | , | , | | | |
| Program l | Indicato | rs | | | | | | | | | | |
| Medicaid | | Υ | | SLH | | | Υ | | TDO | | Υ | |
| FAMIS | | Υ | | Assessment | S | | Υ | | | | | |
| Claim Typ | е | | | | | | | | | | | |
| Dental | | | Υ | Pharmacy | | | | Inpa | atient | | | Υ |
| Nursing | | | Υ | Home Hea | ılth | | Υ | Out | patien | t | | Υ |
| Physician | | | Y | Personal C | Care | | Υ | Lab | orator | y | | Υ |
| Transportation | on | | Y | Xover A | | | Υ | - | er B | | | Υ |
| Cap Pay | | | Y | Man Fee | | | Υ | Adn | nin | | | Υ |
| Asmt Fee | | | Υ | | | | | | | | | |
| Date Infor | mation | | | | | | | | | | | |
| Effective Dat | e Code | | | Effectiv | ve Date | | | Revi | sion D | ate | | |
| Media/Dis | positio | n/Pe | nd l | Location C | odes | | | | | | | |
| Media | | | | LOC | | Dis | sp | | | | | |

| Paper | | D | |
|---------------|-----|----------|--|
| rapei | | D | |
| EMC | | D | |
| EIVIC | | D | |
| A diviotment | | D | |
| Adjustment | | D | |
| POS | | D | |
| Encounter | | 8 | |
| Special Batch | 217 | P | |
| PA | 211 | <u>'</u> | |
| 1 / (| | | |
| Programs | | | |
| (None) | | | |
| (140HC) | | | |
| Exceptions | | | |
| None | | | |
| TTOTIC | | | |
| | | | |
| Resolution | | | |
| (None) | | | |
| (None) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |